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ABSTRACT

At an Espanola (New Mexico) hearing, the Subcommittee on Commerce, Justice, and State, the Judiciary, and Related Agencies of the Senate Committee on Appropriations heard testimony on heroin addiction and intervention efforts in Rio Arriba County, New Mexico. An opening statement of Senator Pete Domenici outlined the problem of an epidemic of black tar heroin addiction afflicting the county, with accompanying crime and delinquency problems. A representative of the federal Office of Justice Programs (OJP) described relevant OJP initiatives, particularly Weed and Seed, which provides funding for community law enforcement, drug treatment programs, and after-school youth activities aimed at drug and delinquency prevention. Other federal officials discussed block grants and state incentive grants for drug prevention and treatment programs, the Starting Early Starting Smart program for children aged 0-7, physical and mental health problems related to drug abuse, the science of heroin addiction and treatment, and science-based drug education materials for grades 5-9. Representatives of state and local agencies discussed substance abuse-related detention costs; substance abuse, mental health, and related medical costs for local prisoners; the Rio Arriba Strategic Plan for Substance and Alcohol Abuse and Treatment; the rationale for a county-wide plan; current substance abuse reduction activities in the county; youth development as primary prevention; the high rates of drug-related death in New Mexico; the special problems of isolated rural communities; and a drug treatment program based on yoga, meditation, and nutrition. (SV)

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S. HRG. 106–74

RIO ARRIBA COUNTY STRATEGY TO COMBAT HEROIN ADDICTION

HEARING

BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

UNITED STATES SENATE

ONE HUNDRED SIXTH CONGRESS

FIRST SESSION

SPECIAL HEARING

Printed for the use of the Committee on Appropriations

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CONTENTS

Page

Statement of Laurie O. Robinson, Assistant Attorney General, Office of Justice Programs, Department of Justice 1
Statement of Joseph H. Autry, III, M.D., Acting Deputy Administrator, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services 1
Statement of Timothy P. Condon, Ph.D., Associate Director, National Institute on Drug Abuse, National Institutes of Health, Department of Health and Human Services 1
Opening statement of Pete V. Domenici 1
Statement of OJP Administrator Laurie O. Robinson 5
OJP initiatives 6
OJJDP block and formula grant programs 7
Prepared statement of Laurie O. Robinson 8
Technical assistance team 12
Statement of Dr. Joseph H. Autry 12
  Prepared statement 17
Prepared statement of Timothy P. Condon, Ph.D 24
Trigger for coordinated response 26

NONDEPARTMENTAL WITNESSES

Statement of Alfredo Montoya, Chairman, Rio Arriba County Commission 31
Statement of Lorenzo Valdez, county manager 31
Statement of Lauran Reichelt, director, health and human services department, Rio Arriba County 31
Rio Arriba County Maternal Child & Health Council Substance Abuse Related Detention Costs 35
Letter from the Rio Arriba Board of County Commissioners, Espanola Branch Office 35
A Report on Substance Abuse, Mental Health and Related Medical Costs for Individuals Incarcerated at the Rio Arriba County Detention Center, Tierra Amarilla, New Mexico 36
Adoption of Rio Arriba Strategic Plan for Substance and Alcohol Abuse and Treatment 47
Rio Arriba Strategic Plan for Substance and Alcohol Abuse Prevention and Treatment 49
Rationale for a County-Wide Substance Abuse Prevention and Treatment Plan in Rio Arriba County, New Mexico 49
Current Substance Abuse Reduction Activities in Rio Arriba County, New Mexico 53
Youth Development as Primary Prevention 55
The Participatory Planning Process 59
Statement of Darren White, cabinet secretary, New Mexico Department of Public Safety 60
Statement of Dorian Dodson, deputy secretary, New Mexico Children, Youth and Families Department 60
Statement of Alex Valdez, cabinet secretary, New Mexico Department of Health and Human Services 60
Prepared statement of Darren White 62
Prepared statement of Alex Valdez 70
Prepared statement of Dorian Dodson 75
Statement of Dr. Fernando Bayardo, M.D., chief of staff and medical director of the emergency room, Presbyterian Hospital, Espanola 77

Page
Statement of Bruce Richardson, president, Chimayo Crime Prevention Organization 77
Statement of Tess Cassados, executive director, La Clinica del Pueblo 77
Statement of S.S. Mukta Kaur Khalsa, secretary of foreign affairs, Chief Religious and Administrative Authority for Sikh Dharma for the Western Hemisphere 77
Prepared statement of Fernando Bayardo 81
Prepared statement of Bruce Richardson 86
Prepared statement of Tess Cassados 93
3HO SuperHealth Drugless Addiction Treatment Program 98

RIO ARRIBA COUNTY STRATEGY TO COMBAT HEROIN ADDICTION

TUESDAY, MARCH 30, 1999

U.S. SENATE,
SUBCOMMITTEE ON COMMERCE, JUSTICE, AND STATE,
THE JUDICIARY, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Espanola, NM.

The subcommittee met at 9:38 a.m., in the auditorium, Nick Salazar Center for the Arts, Northern New Mexico Community College, 921 Paseo De Onate, Espanola, NM, Senator Domenici presiding.

Present: Senator Domenici.

DEPARTMENT OF JUSTICE

OFFICE OF JUSTICE PROGRAMS

STATEMENT OF LAURIE O. ROBINSON, ASSISTANT ATTORNEY GENERAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENTS OF:

JOSEPH H. AUTRY, III, M.D., ACTING DEPUTY ADMINISTRATOR, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TIMOTHY P. CONDON, Ph.D., ASSOCIATE DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE, NATIONAL INSTITUTES OF HEALTH

OPENING STATEMENT OF PETE V. DOMENICI

Senator DOMENICI. The hearing will please come to order. Thank you, everyone. This is actually an official meeting of the Subcommittee on Commerce, Justice, State, and Judiciary. It's chaired by Senator Judd Gregg of New Hampshire, and he authorized this subcommittee to meet here in Espanola and Rio Arriba County to take testimony regarding the serious problem that we have with reference to heroin and heroin addiction in and around Rio Arriba County.

Let me thank all those in Rio Arriba County, from the Chairman of the County Commission, Mr. Alfredo Montoya, who has been very helpful in permitting us to arrange this and helping us work with the various people in the community to see that the Senate gets a very good taste by way of witnesses and testimony of what's going on.

We brought some witnesses both from the state level and the Federal level who will tell us what they think can be done, and I'm very hopeful that at the end of the day, there would be some hope in the community that we're on the way to putting together something very meaningful that will make the lives of average New Mexicans who live here a better life and a better place to live.

Having said that, let me also thank the Mayor of Espanola for his cooperation, and I don't know how many of you read the paper about the Mayor praying for rain, but the last time I read a little article that he prayed for rain and it rained, and he did that twice, and the Mayor is here somewhere, so they asked him, "Since you are a good friend of Senator Domenici, who is your better friend, Senator Domenici or God?" And he quite appropriately, although for wrong reasons, quite appropriately said God because, he said, "Senator Domenici, I've asked him for rain twice, and it never came." And so he chose God.

I wrote him a letter, and said, "Mayor, you have made your choice. Therefore I won't see you for about 4 years, and we'll find out whether you continue to choose God for the entire 4 years, or whether you find it necessary to call your friend the Senator during that time."

Having said that, let me give you a little overview quickly, for those who are present and for the media, about what's happened since the last meeting that I had here. It is very significant. So that everybody will understand, I've had an opportunity to speak with the following people and received unequivocal and absolute commitment from them, that they are going to help us and work with this community to put together what must be put together to alleviate this crisis. First, I spoke with Janet Reno, the Attorney General of the United States, in an open hearing. She listened to me, and I told her of the facts about the dangerous situation bordering on an epidemic that existed here; and how it was affecting the lives of many, many people here, even beyond those who are addicted and using drugs; how there was an insecurity about the community because of all of the serious crimes that are committed when people pursue a habit of this magnitude. She instantly, on the spot, said, "We are going to do whatever we can, and we will send somebody out to New Mexico who will tell you what can be done, and tell the people there what the Department of Justice can do."

Now, you should know that justice is an omnibus sort of word, and you might think it all has to do with law enforcement. Well, that isn't the case, although law enforcement is a part of this problem. The Justice Department has most of the U.S. Government's prevention programs, most of the United States Government's programs to help the community get better action and do things that cause the drug addiction to recede. They have a myriad of programs which you will hear about, and you will hear a pledge to do something with those programs with you, under your leadership locally, and the Attorney General has lived up to that commitment, and has sent to us today a woman who will be our first witness. She is the Assistant Attorney General, Office of the Justice Programs, Laurie Robinson.

The next thing that's different from the last meeting is that I spoke to the Federal Bureau of Investigation's Director, Louis Freeh, in person over breakfast regarding the problem, and he and the Drug Enforcement Administration's chief officer, Mr. Constantine, who I spoke with in my office, have all pledged a cooperative effort with the New Mexico law enforcement officials to do something about the rampant sellers and purveyors of this drug who are selling it in this community, including the fact that there are many illegals from Mexico who are part of this incredible situation, and obviously some attention will be directed to that kind of problem also.

So let me say good morning to everyone. It's certainly a pleasure to be back in Espanola. I wish it were a couple of years from now and that we could look back and say we are having some great success. But that's not true, although I believe in 2 years when we come back, we will have a very different community, not that I would wait 2 years, but I believe we will have many things change, and many people here will be living a much better life, feeling much more secure, and there will be less and less people addicted to this very foul 70 percent black heroin from Mexico.

It was a little over a month ago when I first came to the community with some Federal and local officials and gathered some information about the situation. Today, as I indicated, marks a historic opportunity for us to use this community as a model to achieve a comprehensive solution to the drug problem. In the long run, what we accomplish here will not only assist Rio Arriba, but also serve as an example for other rural communities in distress throughout our Nation. I hope that the work we begin might ultimately serve as such a model for other areas around the United States which face the devastating problems of drugs. Since we are devastated by it and it is at such a high level of use, clearly some very comprehensive approach is necessary.

After our last meeting, as I indicated, I spoke to the Attorney General, and she indicated on the spot that she would send her best person here, and I think we have Laurie here right now. However, even though there is a growing cooperation, I'm very pleased to welcome Laurie Robinson, the U.S. Assistant Attorney General, to Northern New Mexico today. I look forward to hearing how this community can pull itself together, and with Federal programs that fit the problem, with local participation and broad community support, that we would begin to see some real changes.

The Department of Justice also awards and administers the millions of Federal dollars that are spent each year on important antidrug education and prevention programs. I am very hopeful in the not too distant future that we will see an evaluation of what we are doing already and try to improve it and make it as good a prevention program as exists anywhere in the country, that will have to be tailor made to the problems that are here. And while a lot is going on in that area, it's obvious to everyone that we need to do better, and the Federal experts will come with resources to try to evaluate what ought to be done that will make this a more effective activity.

I also hope that Ms. Robinson will speak a little bit about other Department of Justice programs, like Weed and Seed, drug courts and a multitude of prevention initiatives funded by the Department of Justice.

There are several goals which I believe are essential ingredients in developing such a comprehensive workable program. First, all together, we must identify available resources, and that will be done very soon, and some of it is being done now. We will foster greater coordination and increase community involvement. I believe we have to all work together, and I think this can be done with the multitude of available resources. We just have to make sure that our goal is clear and that the commitment is an appropriate commitment and everyone is on the same wavelength in trying to rid this community of heroin use so that we get back to some kind of normalcy of living. But I submit, all the resources in the world aren't going to be effective unless there is a will in this community, and there is a coordination to insure these resources are delivered in the most efficient manner.

The final component that I've mentioned is the community involvement, and I firmly believe that the heroin problem currently gripping this area cannot be solved without involvement. In fact, I believe that is the most crucial piece of this puzzle.

There is one bit of news that I would share with you. You have perhaps heard that the Senate approved an amendment for $750,000 in new funding which will be achieved in a bill within the next 2 weeks, in an urgent supplemental bill. I submitted the amendment, and it would permit the expansion of the high intensity trafficking area that would bring together all law enforcement, a concerted effort, and use all of their collective resources on the law enforcement. This will designate Rio Arriba, Santa Fe, and San Juan Counties as new counties that will now come under the high intensity drug trafficking designation.

Building upon what I have just indicated, I would like to mention two other very excellent Federal witnesses, Dr. Joseph Autry, the acting Deputy Administrator of Substance Abuse and Mental Health Services Administration, and Tim Condon, both of whom are with us this morning. He is the Associate Director of the National Institute of Drug Abuse. I believe these two witnesses can address the problem from the prevention and treatment perspective, which is also very critical. And while the Department of Justice is involved, some of these very specialized agencies are involved also. We have an excellent panel of state witnesses, including the Department of Safety, Darren White, the Department of Health Secretary, your own Alex Valdez, and the Department of Children, Youth, and Families, Dorian Dodson, the deputy, is with us today.

I believe all of these witnesses can help us immeasurably if we will just get together and accept their services and put together a comprehensive effort. We have representatives from Rio Arriba County. I have already mentioned one of those is Chairman Alfredo Montoya to present the recent countywide plan to address this problem, and finally, we are lucky to have representatives from the community which will speak out on the impact the problem has on the health care system, as well as the impact on our schools and neighbors.

There are two final points that I would like to make because I feel they are both extremely important. One, there is no magic solution or program that will single-handedly solve this problem facing this county in Northern New Mexico. Moreover, we must also recognize other problems facing the area, like lack of activities for our youth and jobs for area residents.

I believe programs, like the Community Development Block Grant administered through the U.S. Department of Housing and Urban Development, are a good source of capital funds for needed facilities like the treatment centers or youth activity centers.

Second, today does not mark the end of the commitment. Rather, today merely marks the next step in a long journey to address the problem.

In closing, again I would like to thank the chairman of the full subcommittee, Senator Judd Gregg of New Hampshire, for letting me host this hearing at his request. All of you in the audience, I thank you for taking time out of your busy schedules. I don't believe there is anything more important going on in New Mexico than this.

As a matter of fact, we are all distracted today by things going on in some foreign countries, and obviously we worry about Americans there, and we worry about the outcome, but right here and now, we have somewhat of a war of our own. I think we ought to declare war against this heroin addiction, and if we do that and decide to use all the resources properly, we may also all have a significant increase in hope, and in fact, we may achieve some significant results.

Thank you for listening, and now we will proceed with our three witnesses. Let me introduce Laurie O. Robinson, Assistant Attorney General for the Office of Justice Programs of the United States. I don't think I will go into her background other than to tell you she was asked to come here by the Attorney General.

From what I understand, she's the kind of person who likes to help solve these problems, and that's who we told the Attorney General we wanted, and so she is here. We would start with her, and then I will introduce the panelists that follow.

We would require and ask you to please be quiet while she testifies. Your patience will be rewarded, and we will hear from some of you as we move through this day, up until 3:00 this afternoon. Assistant Attorney General Laurie Robinson, will you please talk with us this morning?

STATEMENT OF OJP ADMINISTRATOR LAURIE O. ROBINSON

Ms. ROBINSON. Mr. Chairman, thank you so much for inviting me this morning. And for the opportunity to talk about the resources that are available through the Justice Department's Office of Justice Programs to help this community in addressing drugs and drug-related crime. Senator, I would like to compliment you as well as the residents of this area for your willingness to join together to tackle what clearly are very, very difficult issues. I want to assure you that the Justice Department and OJP will do everything we can to work with you to assist this community.

OJP has more than three decades of experience in providing financial and other assistance to States and local communities to help reduce crime and illegal drug use, to prevent and treat juvenile delinquency and assist crime victims, and based on that experience, we've learned two critical facts.

First, although smaller towns and rural communities face many of the same crime-related problems as large urban areas, they also confront unique hurdles that stand in their way to effectively addressing crime and drug hurdles like geographic isolation, scarce resources, and distance from criminal justice services and treatment.

Second, we've really learned the critical importance of a comprehensive response to crime, identifying the problems and the local, State, and Federal resources available to address them, developing an action plan that involves everyone in the community, law enforcement, business, citizens, treatment, schools, social services; all of the players who need to work together to combat crime, and then establishing partnerships among those parties, as well as with Federal and State agencies to put the plan into action. I'm pleased to learn that this community has already begun that important process.

OJP INITIATIVES

What I would like to highlight today are a number of OJP initiatives that county officials may want to consider as they develop their crime reduction strategy, and then some other OJP resources they may find helpful in this process.

One program that the Senator mentioned that's had enormous success in reducing crime and helping revitalize high crime communities throughout the country is Weed and Seed. That's a program that was first developed, as you may know, Senator, by the Bush Administration, and it involves a two-prong strategy combining law enforcement efforts to weed out crime with seeding services focusing on prevention, intervention, treatment and neighborhood revitalization, and then community police providing the bridge that fills the gap between the weeding and seeding components. Weed and Seed programs are created and operated in cooperation with the local United States Attorney. I would strongly encourage Rio Arriba officials to contact U.S. Attorney John Kelly here in New Mexico about how to begin that process toward seeking the funding and other Weed and Seed assistance.

I went ahead last week and spoke with John about that possibility. I know he has two members of his staff here today, and John is enthusiastic about working with us on this initiative, and he's well-experienced with Weed and Seed because he is involved already with two Weed and Seed sites here in New Mexico, one in Albuquerque and another in the Laguna Pueblo. We look forward to working with you to carry that forward.

Officials here in Rio Arriba County and the surrounding counties may also want to take a look at a new Justice Department initiative on community prosecution. That builds on the successes we've seen around the country with community policing and emphasizing partnerships with the communities to address drugs and public safety, and we've seen successful results with community prosecution already around the country. They shift emphasis from solely prosecuting cases to focusing on identifying local crime problems, working with the community, and finding solutions.

OJP also provides funding for a broad range of after school activities, which we know from our research can reduce crime by young people. We know that most juvenile crimes are committed in the after school hours between 3 and 8 p.m., and we also know that after school activities, like Boys and Girls Clubs, and well-defined mentoring programs, like Big Brothers/Big Sisters, can actually reduce drug use, improve school performance, and keep kids from getting involved in crime.

Our Juvenile Justice Office within OJP is currently funding a number of after school initiatives in New Mexico, including statewide prevention projects led by the University of New Mexico and the New Mexico Police Athletic League.

Substance abuse prevention is also clearly a critical part of any crime prevention effort. OJP supports several prevention programs, including the Drug-Free Community Support Program, which funds community coalitions of parents, kids, and volunteer organizations to work together to spread the word about the dangers of drug use and get the public involved. Presbyterian Medical Services in Santa Fe and three other community coalitions in New Mexico received funding under this program last year, and we are currently accepting applications for this year's funding.

In addition to preventing drug use, it's also critical to provide treatment for current users. I know you will be hearing in a few minutes from the Associate Director of NIDA, but I want to underscore how drug treatment is an important piece of our crime control efforts. Last week I spoke with NIDA's director, who I know well, Dr. Alan Leschner, to insure that our efforts here in New Mexico can be fully collaborated and coordinated and our agency outreaches will actually be complementary. In particular here, I wanted to mention the role of drug courts. That's really the intersection of the criminal justice system and drug treatment, and we have seen tremendous success around the country with these, for juveniles as well as adults, in reducing drug use and recidivism by drug involved offenses. They involve treatment, drug testing, and graduated sanctions under the authority of the courts, and a number of them are currently operating already here in New Mexico.

OJJDP BLOCK AND FORMULA GRANT PROGRAMS

In addition to these discretionary grant programs, OJJDP awards formula and block grants funds to States, and it passes through to local government. Here in New Mexico it is to the Department of Public Safety and, of course, you will be hearing from them in a few minutes. There was more than $4 million received last year under our Byrne formula grant program. These funds can be used for a variety of different things at the discretion of the governor.

As well, the New Mexico Department of Children, Youth, and Families also received funds from our Juvenile Justice Office to prevent delinquents and improve the juvenile justice system. In addition to this funding, OJP also provides a wealth of technical assistance in trying to help local communities.

To help Rio Arriba officials actively pursue OJP resources, I am very pleased to announce today, Mr. Chairman, that I'll be sending a technical assistance team here within the next several weeks, which I will be personally tracking, to help assist in the kinds of comprehensive collaborative community building planning that can be effective in addressing problems of drugs and crime in this community. Based on that assessment and plan, we would then move ahead to provide whatever assistance we can to help this community clean up its problems and put a strategic program in place that can work toward the future. I look forward very much to continuing to work with you, Mr. Chairman, and I would be happy, of course, to respond to your questions.

[The statement follows:]

PREPARED STATEMENT OF LAURIE O. ROBINSON

Good morning, Senator Domenici. I want to thank you for inviting me here to discuss the resources the Office of Justice Programs has available to assist communities in preventing and controlling crime, and how those resources can assist the people of Rio Arriba County and the surrounding areas, including Santa Fe County, tackle the problems caused by drug trafficking and illegal drug use, particularly the recent influx of black tar heroin in the community. I commend you, Senator, for your efforts to help Rio Arriba County deal with this tragic situation, and I also want to commend the county and state officials, as well as individual members of the community themselves, who are working with you to rid their neighborhoods of this terrible scourge.

As you know, the Office of Justice Programs (OJP) and its predecessor agencies have more than 30 years of experience in providing financial and other assistance to states and localities to help reduce crime and illegal drug use, prevent and treat juvenile delinquency, and assist victims of crime and their families. With the research and evaluation results of our National Institute of Justice, the statistical analyses of our Bureau of Justice Statistics, and the funding and program development initiatives of our Bureau of Justice Assistance, Juvenile Justice, Victims of Crime, Violence Against Women, Corrections, Drug Courts, and other offices, OJP offers an invaluable treasure trove of information, funding, technical assistance, and training to states and local communities to address crime-related problems.

After three decades of assistance to states and local communities in combating drug-related and other crime, we have learned two important things—

—First, we have learned that although rural communities face many of the same crime-related problems as large, urban areas—such as drugs, gangs, and violent crime—we know that rural areas also often face unique hurdles, such as geographic isolation, scarce resources, and limited access to criminal and civil remedies.

—Second, we have learned the critical importance of a comprehensive response to local criminal justice problems. This involves identifying the problem and local, state, and federal resources available to address the problems identified; developing an action plan encompassing all the critical components of the criminal justice system, as well as social services, education, and other parts of the community; and then establishing partnerships locally and with federal and state agencies to put that plan into action.

I am pleased to learn that Rio Arriba has already begun this critical process. And I hope that the information I provide today—and the assistance OJP will provide in the near future for strategic planning and other technical assistance—can help further those efforts.

Operation Weed and Seed

Let me give you an example of one innovative and comprehensive multi-agency approach to preventing crime and revitalizing communities that has proven to be very effective. Weed and Seed, as you know, is a strategy developed during the Bush Administration to prevent, control, and reduce violent crime, drug abuse, and gang activity in targeted high-crime neighborhoods of all sizes nationwide. Currently, Weed and Seed programs are underway in 200 communities all across the country, up from 23 when the program first began in the early 1990's. In fact, Albuquerque has a Weed and Seed program that has been in operation for a little over a year, and the Laguna Pueblo is also implementing Weed and Seed.

The Weed and Seed strategy involves a two-pronged approach to a neighborhood's crime problems. Law enforcement agencies and prosecutors cooperate in "weeding out" criminals participating in violent crime and drug abuse, while attempting to prevent offenders from returning to the targeted area. Simultaneously, the "seeding" aspect brings human services to the area focusing on prevention, intervention, treatment, and neighborhood revitalization. A community policing component bridges the gap between the weeding and seeding components. Residents aid the weeding efforts, while police officers help in community restoration.

Every site is created through the efforts of concerned community residents. As a first step, a Steering Committee is created with members from the United States Attorney's Office, city or county officials, local law enforcement officers, local business people, community leaders, and individuals from the targeted sites. They are the ones responsible for bringing together the various components of the Weed and Seed strategy and for implementing the local plan. OJP assists each site through its Executive Office for Weed and Seed (EOWS), which provides overall coordination and other assistance.

I encourage Rio Arriba officials to work with John Kelly, the United States Attorney for New Mexico, to consider beginning to develop a Weed and Seed strategy and consider applying for Official Recognition as a Weed and Seed site. Once a site receives Official Recognition status, it becomes eligible to receive funding from participating federal agencies, including OJP Weed and Seed funds, and is designated a high priority for federally sponsored training and technical assistance.

As U.S. Attorney, John Kelly also convenes the Law Enforcement Coordinating Committee (LECC), which coordinates regional law enforcement efforts and is comprised of federal, state, and local law enforcement officials from throughout New Mexico. I would also urge your county law enforcement officers to become involved in the LECC, if they are not. Because the LECC involves law enforcement officials from throughout your state, as well as federal agents, it can be very effective in combating drug kingpins who traffic across regional, state, and international borders.

I would also urge Rio Arriba area officials to look into establishing a community prosecution program. This emerging approach builds on the success of community policing by emphasizing partnerships with the community to solve crime-related problems and improve public safety. Under community prosecution, local prosecutors work closely with law enforcement, other criminal justice components, and community groups to prevent, investigate, and respond to local crime. Community prosecutors are based in the community, not at some high-rise, big city office building. This year, OJP has $5 million to support efforts to plan, implement, or enhance community prosecution programs, and we are requesting $200 million in fiscal year 2000 to greatly increase the number of local community prosecutors.

After-school Programs

I understand, Senator Domenici, that Rio Arriba officials are particularly interested in providing after-school and other opportunities for young people—to keep them from becoming involved in the drug trade, either as traffickers or users. A required component of every Weed and Seed program is a Safe Haven—usually a school or community center that provides a safe place where young people can come after school and on weekends to do their homework, participate in recreational and educational activities, and obtain community services.

For example, in Albuquerque the Weed and Seed program is about to open a new, state-of-the-art community center in its Trumbull neighborhood that is located next to the police substation. The community center and the substation are planning to jointly host crime prevention fairs and other activities for residents. In addition, neighborhood residents are being asked to serve on "Safe Haven Activity Councils" to help plan and evaluate the educational and recreational activities at the Safe Haven.

Studies show that these kinds of after-school activities greatly reduce crime by young people. More than 50 percent of violent juvenile crime occurs after school—between 3 p.m. and 8 p.m. By keeping young people involved in fun, wholesome activities at Safe Havens or other facilities, we can keep them from becoming involved in crime out of boredom or peer pressure.

Studies also show that Boys and Girls Clubs and well-designed mentoring programs, such as Big Brothers/Big Sisters, can reduce juvenile alcohol and drug use, improve school performance, and prevent youth from getting involved in crime and violent behavior. This year, our Bureau of Justice Assistance will award Boys and Girls Clubs national headquarters $40 million to establish and operate local clubs throughout the country. Boys and Girls Clubs provide at-risk boys and girls with constructive youth development opportunities and programs in supervised, supportive environments. Clubs are staffed by caring adult leaders, who provide guidance, discipline, and values. Clubs also provide educational support and access to comprehensive, coordinated services that meet the complex needs of at-risk youth.

Through its Juvenile Mentoring Program (JUMP), our Office of Juvenile Justice and Delinquency Prevention (OJJDP) supports one-to-one mentoring programs for youth at risk of educational failure, dropping out of school, or involvement in delinquent activities, including gangs. JUMP is administered either by a local education agency or a public or private nonprofit organization. In either case, both entities must collaborate to achieve the program's goals of improving academic performance and reducing the dropout rate. To receive funding, programs must target at-risk youth in high-crime areas that have 60 percent or more of their youth eligible to receive Chapter I funds under the Elementary and Secondary Education Act of 1965 and that have a considerable number of youth who drop out of school each year. Last month, Albuquerque, Gallup, and the Santo Domingo Pueblo received funds for JUMP programs, and we expect that additional funds will be available next year under this program.

OJJDP is also supporting two youth initiatives administered by the University of New Mexico and the New Mexico Police Athletic League (PAL). PAL is implementing a statewide prevention project consisting of recreational, educational, and cultural activities for at-risk youth between the ages of 5 and 18 and their families. The Albuquerque PAL is serving as the initial model for this program, which will be implemented in at least 12 other New Mexico communities.

The New Mexico PAL is also working with the University of New Mexico to develop and evaluate an after-school program to reduce juvenile delinquency and increase educational retention in the Gadsden Independent School District in Dona Ana County. Through a curriculum of hands-on science and reading projects and supervised recreation, the Estrella project provides a constructive alternative to afternoons of unsupervised free time. Middle school students are trained to mentor elementary school students under the program, and the New Mexico PAL provides a sports component to round out the program. I would encourage Rio Arriba officials to contact New Mexico PAL or the University of New Mexico to determine how your county could become involved in these initiatives.

Drug Abuse Prevention and Treatment

OJP also supports two programs that help communities keep young people from using illegal drugs. With funds transferred from the Office of National Drug Control Policy (ONDCP), OJJDP makes Drug-Free Community Support Program grants to community coalitions to reduce youth substance abuse. The coalitions include parents, youth, business, the media, youth-serving organizations, schools, law enforcement, and civic, volunteer, and fraternal organizations. These partners work together to reduce youth substance abuse, encourage citizen participation in drug abuse reduction efforts, and disseminate information about effective programs. Last year under this program, grants were awarded to Presbyterian Medical Services in Santa Fe and three other community coalitions in New Mexico. The application kit for this year's program is currently available, and the deadline for applying is April 12, 1999.

OJJDP also has $10 million available this year under the Drug Prevention Demonstration Program for efforts to reduce drug use by encouraging young people to pursue healthy lifestyles, by fostering decision-making skills to help them choose alternatives to high-risk behavior, and by providing them with the motivation and tools to build constructive lives.

In addition to preventing drug use, it is also critical to provide treatment—under the supervision of the criminal justice system—for juveniles and others who are already involved in drug use and crime. Studies show that substance abuse is closely linked to crime. Data from our Bureau of Justice Statistics show, for example, that: 1 in 6 offenders landed in prison for a crime committed just to get money for drugs; almost a third of prisoners were using drugs or alcohol at the time they committed their crimes; and more than 80 percent of prisoners have a history of drug and alcohol use.

Studies also show that treatment—particularly when it is combined with meaningful, graduated sanctions—can reduce recidivism and drug use. Our Residential Substance Abuse Treatment program is providing the State of New Mexico with over $416,000 this year to implement prison-based drug treatment programs.

Drug courts are another example of how combining treatment and sanctions is proving effective. Drug courts use the coercive authority of the court to combine treatment and graduated sanctions to change the behavior of drug-involved offenders. In 1989, a few communities began experimenting with an approach to address the needs of substance-abusing offenders that integrated substance abuse treatment, sanctions, and incentives with case processing to place nonviolent drug-involved defendants in judicially supervised habilitation programs.

Now, nationally more than 530 courts have implemented or are planning to implement a drug court to address the problems of substance abuse and crime. In New Mexico, the Administrative Office of the Courts, the Pueblo of Taos, the Eleventh Judicial District Court, McKinley County, the Mescalero Apache Tribe, and the San Juan Pueblo have all received grants under our Drug Court Grant Program to plan, implement, or enhance their drug courts. I would encourage Rio Arriba County to look into the merits of drug courts. Our Drug Court Program Office would be happy to work with county officials to begin planning for a drug court and provide information on how to apply for funding.

Formula Grant Funding

Under these discretionary grant programs I have just mentioned, OJP awards funds directly to local communities and other organizations. However, as you know, Senator, the majority of OJP funding is awarded to states through our formula grant programs. In New Mexico, the Department of Public Safety receives funding under the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program. Last year, the state received more than $4 million in Byrne Formula funds, which it can use for any of 26 purpose areas, including crime prevention, law enforcement, adjudication, corrections, victims assistance, and other initiatives. Under the Byrne program, the state decides what state and local programs to support and is required to pass-through a percentage of funds to local jurisdictions. If Rio Arriba County has not yet done so, it should contact the Department of Public Safety to determine what funding might be available for its crime control, treatment, and prevention initiatives.

In addition, the New Mexico Department of Children, Youth, and Families last year received $789,000 from OJJDP to support state and local efforts to prevent delinquency and improve the juvenile justice system. The state also received OJJDP funding under the State Challenge Grants, Local Delinquency Prevention, Juvenile Accountability Incentive Block Grants, and Combating Underage Drinking programs. Again, Rio Arriba officials should contact the state office regarding the availability of funding under these programs.

Other Resources

In addition to funding, OJP also provides a wealth of information resources, technical assistance, and training to help local communities plan, develop, and implement crime control initiatives. Much information is available electronically through the Office of Justice Programs site on the World Wide Web. The OJP Website (www.ojp.usdoj.gov) provides up-to-date information about OJP grant programs and application kits, downloadable applications and publications, and links to state formula agencies and other resources. For example, the Fiscal Year 1999 OJP Program Plan, which describes all the discretionary grant programs for which OJP will provide funds this year—including programs open to competition—is available on our Website.

Our Website also links to special E-mail addresses for each of our bureaus and offices to answer inquiries about our funding, programs, and other resources. In addition, the Department of Justice Response Center is staffed by specialists who answer questions and provide information about Justice Department funding programs, including all OJP and COPS (Community Oriented Policing Services) funding programs. The Response Center can be reached by calling toll-free at 1–800/421–6770.

OJP also supports the National Criminal Justice Reference Service (NCJRS), one of the most extensive sources of information on criminal and juvenile justice in the world. NCJRS disseminates OJP research reports, statistical bulletins, application kits, program announcements, and other materials. Citizens need only call with a general request and our specialists can send these materials out. Documents can be obtained by calling a toll-free telephone number (1–800/851–3420) or online at www.ncjrs.org.

In addition, OJP supports state and local criminal and juvenile justice initiatives by providing training and technical assistance. I am pleased to announce, Senator Domenici, that I have asked that an OJP technical assistance team be assembled to come to Rio Arriba to work with community leaders to determine how OJP resources can assist the county with its crime prevention and intervention efforts.

Conclusion

In conclusion, OJP is committed to working with you to provide assistance to help the Rio Arriba community clean up its drug abuse problem and put a strategic infrastructure in place to prevent and respond to future crime. I look forward to working with you, Senator, and Rio Arriba County and surrounding area officials, to reduce drug use, trafficking, and other crime and to improve the quality of life for the residents of the Rio Arriba community. I would be pleased now to answer any questions you may have.

Senator DOMENICI. Thank you very much. Did you bring a number of copies of your speech?

Ms. ROBINSON. We certainly have copies of the statement here, yes.

Senator DOMENICI. For those who might want them, there will be a few here, if you want to go through and underscore some of these things as you begin to work together. Thank you very much for your wonderful remarks. I think Ron Lopez is coordinator of the Weed and Seed program. Is Ron here?

Mr. LOPEZ. Yes, I am.

Senator DOMENICI. I can see the way these lights are structured, I can't see you. I can—I got you. I can see a tie and shirt. Is it fair to say that as soon as the community can begin to work on this, that you will be available to work with them on this, Mr. Lopez?

Mr. LOPEZ. Yes, sir. We have already begun some meetings here with some of the local community action groups, and we'll be available.

Senator DOMENICI. Great.

Mr. LOPEZ. And you-all can get a hold of me. I am here with plenty of cards and information.

TECHNICAL ASSISTANCE TEAM

Senator DOMENICI. Laurie, before I move to the next witness, might I ask, this technical assistance team that you are going to send, that the members of the community, once they decide what they want to do, you could expedite and cut through red tape so we aren't waiting 2 years for some of these programs.

Ms. ROBINSON. Right, I understand you are impatient. The Federal Government does not always have a good reputation for moving swiftly.

Senator DOMENICI. I am more than aware of that.

Ms. ROBINSON. And I will tell you, Mr. Chairman, I am an impatient person. I will be personally tracking this, and the answer to your question is yes, we will try to cut through red tape, we will try to use that plan as the means of identifying resources that are available, and available now so that we can move money forward.

Senator DOMENICI. I may have some additional questions, but let's move now to Dr. Autry, Acting Deputy Administrator of the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. Dr. Autry, I note, I've seen your prepared remarks, but I wonder if you would take a moment before you testify and tell us what you do.

STATEMENT OF DR. JOSEPH H. AUTRY

Dr. AUTRY. Well, Substance Abuse and Mental Health Services Administration is the arm of Department of Health and Human Services that funds prevention and treatment services for substance abuse and for mental illness throughout the Nation. We do this primarily through two types of programs. One is a block grant program. That's a formal grant to the State and the States have a great deal of flexibility in deciding how to allocate those funds within the State and local communities.

Second, is a State incentive grant program which is a competitive grant program in which we have target areas to improve prevention and treatment services, and also a program to get those services and effective strategies out in the community for their use.

Senator DOMENICI. Would it be fair then to say that as part of this comprehensive effort that goes on the discretionary program side, that you will also be available as the project and program is put together, you will be willing to get together to see how you can contribute?

Dr. AUTRY. Right. Here in Rio Arriba we have already begun discussions with the State on the need for technical assistance and training needed. We have encouraged them to submit an application for additional identification of those needs preliminarily. Discussions so far show that the State has the need for funds to transition to the infrastructure for the delivery of services for substance abuse, the need to develop common data systems, the need to develop performance measures, the need to look at women's services and services for current illnesses, and also prevention in the continuum of care with training-based and science-based modules. We've also had some preliminary discussion with people in Rio Arriba County just within the past week, and they've identified physical needs such as programs for youth, policies for effective resource allocation and model programs on self-sufficiency, where I know you have some concern.

Senator DOMENICI. Please proceed. Thank you so much.

Dr. AUTRY. As I begin my formal testimony, I have submitted my written testimony and request that it be entered into the record.

Senator DOMENICI. That will be made a part of the record and abbreviate it as you see fit.

Dr. AUTRY. Thank you. I am very pleased to be here on behalf of Nelba Chavez, who is Administrator of the Substance Abuse and Mental Health Services Administration, SAMHSA, as the acronym is known. She would love to have been here herself but she was already committed to give an address in Atlanta, and she has asked me to fill in for her, and I am very glad to do that.

I have talked a little bit about who we are. I also want to acknowledge the Senator's work on behalf of mental health services, particularly your efforts to enact legislation requiring parity for mental health services in insurance coverage. We look forward to working together with you on that.

Senator DOMENICI. Thank you very much.

Dr. AUTRY. In preparing for this hearing, I was fortunate that one of our staff members was out here 2 weeks ago attending a meeting, and she took the opportunity to visit with a number of local people to talk firsthand about some of the problems here in Rio Arriba County and in New Mexico, and I am stunned to learn that New Mexico is the number one State in the nation for drug-induced death and that within New Mexico, Rio Arriba is number one for drug-induced death.

I was also surprised to find out that New Mexico is number one in driving under the influence arrests and convictions, so I think if we need any testament to the number of problems in this county and an argument needed for assistance, we couldn't really ask for more than that. I won't go into detail to talk about what we do or hear, but will talk about some of the programs that we are funding on the ground here.

Many of you know drug and alcohol abuse ravage the lives of Americans. It does fuel crime, as you heard, promote domestic violence, disease, and premature death. When you link substance abuse to other headline-grabbing problems such as unintended pregnancies, HIV, AIDS, and hepatitis for this community, crime, welfare, violence, school dropouts, suicide, homelessness and injuries, substance abuse is clearly one of the most costly public health problems.

There was a recent survey in which 56 percent of American adults listed drugs as the top problem area facing American children. Crime was second at 24 percent. The relationship between crime and drugs and the cost of drugs and crime is clear. More than 1.7 million people are behind bars at an annual cost to the taxpayer of about $38 billion. Seventy percent or 1.2 million of them have histories of drug and alcohol abuse and addiction. We know, as our colleagues at Justice do, for hundreds of thousands of these individuals, drug abuse and addiction is the core problem that prompted their criminal activity. Back here it must be coupled with public health programs, such as prevention, treatment and resources to reach adult adolescents and children in the field of treatment services before they reach the criminal justice system, not once they have come into contact with the criminal justice system.

We have recently expanded our national health survey so that over the next year, we will be able to give you both regional level and State level estimates of drug and alcohol abuse in this county. They talk specifically about some of the programs that we have here.

We recently initiated our State Incentive Grant Program, which offers technical and financial support to governors in 19 States to help them deliver research-based substance abuse prevention services. Of this money, 85 percent of this must go to services, only 15 percent can be used for administrative costs, and to date, over the past 12 years, we funded programs in 19 States and 500 communities. This program is designed to encourage the governors to mobilize and coordinate statewide efforts in preventing youth substance abuse, to look at all the funding streams focused on preventing substance abuse in their State and identify the needs and gaps, to leverage resources to reach youth, parents and families in the homes, in their schools, and their workplace with proven substance abuse strategies. In addition to adapting effective prevention models, it must be modified to meet local needs, it requires the State to account for, coordinate and strategically manage all substance abuse prevention funding streams in the State, including the 20 percent prevention set aside for the Substance Abuse Prevention and Treatment Block Grant, Safe and Drug Free Schools, and Communities Programs and other Federal programs. I'm pleased to say that we awarded the State Incentive Grant to New

Mexico this past year. The first year of funding was $2.8 million. With these funds, New Mexico will be able to focus on its prevention efforts on the 12 to 17-year olds and especially girls and ethnic minorities.

We also established six regional centers for the Application of Prevention Technology to look at and translate the finding of the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, and SAMHSA proven and promising research-based substance abuse prevention practices, methods and policies to help augment the State Incentive Grant funds. These centers will reach out to practitioners and programs in the funding State to make sure that we have access to the latest science based prevention knowledge available to reduce substance abuse at the community and individual level.

We also recently started programs that are focused on age 0 to 7, called the Starting Early-Starting Smart Program. It's a comprehensive program that looks at children who are at risk and provides services to the children and their families or care givers, in order to avert some of the problems that may develop later on with reference to mental health problems and substance abuse. The first year of this grant was awarded in 1997 at the cost of $689,000 per year.

Recently research has shown that with co-occurring mental and addictive disorders, the mental disorder occurs before the onset of substance abuse disorders by 5 to 10 years. This gives us a window of opportunity to target prevention activities before the individual develops substance abuse problems. Unfortunately, we know that two-thirds of the young people in this country that suffer from this disorder are not receiving the services they need. We are making a vigorous effort to help families, educators and others who work with children and adolescents, as well as young people themselves, to recognize mental health problems and seek appropriate services.

Many of you have also seen the National Youth Anti-Drug Media Campaign, which has been launched this past year. They have some of the most stunning commercials on television, I think, that rival more of the private sector than more costly programs. While the corporate "in kind" contributions of free public service announcements have exceeded expectations, which has also exceeded our expectations is the number of people who are reaching out after seeing those ads and asking for help. We have expanded the hours of our Clearinghouse, the National Clearinghouse of Drug and Alcohol Information, it's now in operation 7 days a week, 24 hours a day and responds to approximately 2,000 calls a day. About half of these calls are from parents looking for ways of how to talk to their kids about drugs. We have distributed over 600,000 copies of the publication "Keeping Youth Drug Free," and in a number of these out in the vestibules for those of you who would like to have them. This is the primer that goes through and suggests the conversations with parents and other care givers to increase their confidence and knowledge in talking with their children about substance abuse.

We continue our collaboration with the NIAAA, National Institute on Alcohol Abuse and Alcoholism, to look for more effective prevention and treatment prevention programs, and I'm sure you will hear about those from Dr. Condon later.

One of the things that we are actually pleased with this year is the launching of the Strengthening Families Initiative which is implementing random programs aimed at helping individuals learn how to be more effective parents, how to be more effective adults and how to deal with problems as they emerge in their families and head those off at an early age.

We've also done a number of studies looking at treatment effectiveness, and again, I am sure you will hear more about those from Dr. Condon, but studies have shown that there is a 50 percent reduction in drug use following treatment, 1 year following treatment.

We have also shown that people that go into treatment are less likely after treatment to be homeless, less likely to be involved in criminal activities and risky sexual behavior. Studies by NIDA and others have shown that we have made as much progress in the drug treatment arena as patients who are treated for other diseases such as diabetes, hypertension and asthma.

Let me turn just very briefly to one or two other programs. I mentioned earlier that we give block grants to the States funding treatment and prevention services in the State that allocate those funds that meet the needs within their States. That program for substance abuse treatment prevention is about $1.6 billion. This year New Mexico is eligible to receive $8.3 million from that program, an increase of $1.5 million over last year.

We also talk about the need to perform effective and efficient practices into prevention and treatment services. One of the things that we work collaboratively with others on not only generated knowledge about what works and how well it works, but also to make sure that that knowledge goes out to the practitioners so that they're doing the most effective and efficient programs they can to end their studies.

We have been working with the Department of Justice through our national substance abuse treatments by piloting three family drug courts to look at alcohol and other drug treatment combined with intervention, prevention and support services for children and their families as well as the legal processing for those cases. Recently we've initiated a program with the National Institute of Health and Food and Drug Administration to increase access to and improve the quality and accountability of methadone and levo-alpha-acetyl-methodol, or LAAM, treatment for people with heroin addiction. We look forward to continuing to improve access to make heroin treatments more widely available to the States.

Lastly I want to point out that we've involved ourselves with discussions with mayors, town and county officials, tribal leaders and have developed a program on targeting capacities as long as there is a program where treatments services are provided and communities that are facing a rising and unexpected increase in drug use or where current treatment facilities are not adequate to respond to those programs. We recently awarded a Target Capacity Expansion Grant to a program in Gallup, and I have here an announcement for additional targeted grant programs for development programs, as I mentioned earlier, for which you may apply and for which you are eligible. As I already mentioned, we are currently working on a proposal for technical assistance to how to assist the problems here in Rio Arriba County.

PREPARED STATEMENT

I look forward to continuing our dialogue, and I would be glad to respond to any questions you have and doing everything we can to assist the State of New Mexico to deal with the problems that you are currently facing.

[The statement follows:]

PREPARED STATEMENT OF JOSEPH AUTRY, III, M.D.

Mr. Chairman, on behalf of Nelba Chavez, Ph.D., Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) I want to thank you for the opportunity for SAMHSA to testify this morning here in Espanola, New Mexico. Dr. Chavez would have been here herself except that she was already committed to give an address in Atlanta when we were notified about the hearing.

Mr. Chairman, your commitment to a comprehensive response to the Nation's drug abuse problem and in particular to the problem of drug abuse in New Mexico is much appreciated. We have long noted your support for policies and legislation to improve access to quality mental health services including your efforts to enact legislation requiring parity for mental health services in insurance coverage.

In preparation for this hearing, I read several articles that appeared in local papers and was briefed by my staff on your concern for black tar heroin use in northern New Mexico. I wish there were a simple way to address this problem, unfortunately there isn't. But I can tell you that Federal, State and local governments as well as parents and children and businesses across the United States are committed to addressing it in a comprehensive fashion involving law enforcement, interdiction, prevention, education and treatment. I am here today to share with you what SAMHSA is doing to address the issue.

SAMHSA's mission is to improve access to quality substance abuse and mental health services for those in need of such services. The importance of our work in substance abuse prevention, addiction treatment and mental health services cannot be overstated. Drug and alcohol abuse ravage the lives of millions and fuel crime, domestic violence, disease and premature death. When the link is made between substance abuse and other headline grabbing problems—unintended pregnancy, HIV/AIDS, crime, welfare, violence, school drop-out, suicide, homelessness, and injuries, substance abuse is clearly one of our most costly public health problems.

As with any other public health problem, we must achieve public health solutions. Study after study has shown, drugs are dominating the public's concern about the future of children in this country. A survey of American adults found 56 percent listed drugs as the top problem facing American children. Crime was second, at 24 percent.

The relationship between crime and drugs and the cost of drugs and crime to our country is clear. More than 1.7 million people are behind bars in America at an annual cost to the taxpayer of $38 billion. Seventy percent or 1.2 million of them have histories of drug and alcohol abuse and addiction. For hundreds of thousands of these individuals drug abuse and addiction is the core problem that prompted their criminal activity. Our prison and punishment approach to substance abuse is not sufficient by itself. Instead we need to approach drug abuse as a public health issue and invest our resources in reaching adults, adolescents, and children in need of substance abuse prevention and treatment services before they reach the criminal justice system.

In the area of prevention, our investments seem to be paying off. Each year we release SAMHSA's National Household Survey on Drug Use. While we are cautiously optimistic that the recent increase in drug use may be leveling off among youth, we are concerned that our young people continue to use drugs and drink alcohol at an unacceptable rate. To ensure our programs are keeping up with current issues and trends, over the past three years at SAMHSA we have re-engineered our programs, widened our circle of partners and adopted a long term public health approach. With this shift in strategy we have redirected our efforts from narrowly focused drug prevention efforts to a more comprehensive coordinated community approach that identifies and addresses family, school, and mental health problems that may lead to substance abuse and other destructive behaviors.

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For example our new State Incentive Grant Program offers technical and financial support to Governors in 19 states to help them deliver research-based substance abuse prevention services. A full 85 percent of these funds are being directed to community prevention programs, resulting in the funding of approximately 500 community based programs in the 19 States. The "incentive" nature of the State Incentive Grants, encourages Governors to mobilize and coordinate state-wide efforts in preventing drug use among youth. In developing this program, we asked Governors to take a fresh look at all the funding streams focused on preventing substance abuse in their state and identify the needs and gaps. Then we asked for innovative plans that leverage resources to reach youth, parents and families in their homes, schools, and workplaces with proven substance abuse strategies. In addition to adapting effective prevention models to local situations and their needs the State Incentive Grant program requires states to account for, coordinate, and strategically manage all substance abuse prevention funding streams in the state, including the 20 percent prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant, Safe and Drug Free Schools and Communities Programs and other Federal programs. I am happy to report that last year we awarded a State Incentive Grant to New Mexico. Its first year funding was $2,812,042. With these funds New Mexico will focus its prevention efforts on 12 to 17 year olds, especially girls and ethnic/racial minorities.

We have established 6 Regional Centers for the Application of Prevention Technology to focus on the application of National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA) and SAMHSA proven and promising research-based substance abuse prevention practices, methods, and policies in the states that receive incentive grants. These regional centers are critically important. They will identify and reach out to practitioners and programs to ensure they are using the latest science based prevention knowledge available to reduce substance abuse at the community and individual level.

To continue to improve services that are available to very young children, SAMHSA has initiated the Starting Early-Starting Smart collaborative effort. I say collaborative because SAMHSA is collaborating with The Casey Family Program, the Department of Education and other HHS operating divisions to develop new knowledge, demonstrate what works, and create community-based partnerships that will sustain improved health and health care services for children from birth to age 7 and their families or care givers. SAMHSA initiated the Starting Early-Starting Smart program because so many social and economic factors impact children's mental health and their potential for substance abuse. This interagency collaboration will bring all the available resources to bear on providing coordinated, quality services for children and their care givers. I clearly see this collaboration as just the beginning of a much needed effort to improve the lives of children and, ultimately, as our first line of defense in preventing drug use. In 1997 we gave such a grant to the University of New Mexico. Their award for this year is $689,438.

Research has shown that with co-occurring mental and addictive disorders, the mental disorder often occurs first, during adolescence and 5 to 10 years before the addictive disorder. While this provides a "window of opportunity" for targeted substance abuse prevention interventions and needed mental health services, two-thirds of young people in this country who suffer from a mental disorder are not receiving the help they need. Without that help these problems can lead, in addition to alcohol and illicit drug abuse, to school failure, family discord, violence and even suicide. SAMHSA is leading a vigorous effort to help families, educators, and others who work with children and adolescents, as well as young people themselves—to recognize mental health problems and seek appropriate services. This is a key goal of our Children's Mental Health Services Program and our Caring for Every Child's Mental Health: Communities Together initiative.

We are also very pleased with the initial response to the National Youth Anti-Drug Media Campaign. While the corporate "in kind" contributions of free public service announcements have exceeded expectations and the goal for reaching target audience members continues to be surpassed, the first measures of impact are coming from SAMHSA. The national phone number used to obtain more information is SAMHSA's National Clearinghouse for Drug and Alcohol Information. In cooperation with the Office of National Drug Control Policy (ONDCP), we have expanded our hours of operation to 7 days a week, 24 hours a day. We are receiving about 2,000 calls a day as a result of the media campaign. Approximately half are parents looking for ways to start a conversation about drugs with children in their care. Since the campaign started to run nationally last July, SAMHSA has distributed over 600,000 copies of the publication "Keeping Youth Drug Free" which includes suggested conversations for parents and other care givers to increase their confidence and knowledge.

SAMHSA's Center for Substance Abuse Prevention (CSAP) is also working with other federal agencies on a number of targeted areas, including underage drinking, family-focused prevention programs, and children of substance-abusing parents to improve system performance and service quality. For example, CSAP and NIAAA have a study underway to examine the effects of alcohol advertising on underage drinking. We are also working with NIAAA to identify, test and develop effective interventions to prevent and reduce alcohol-related problems, including death, among college students.

When it comes to our families, there are many effective strategies for preventing substance abuse among children in the home. Our efforts at SAMHSA are focusing on improved implementation of appropriate family strengthening substance abuse prevention strategies. Also of great concern are the 8.3 million American children who live with at least one parent who is alcoholic or using drugs and in need of substance abuse treatment. These children face a significantly higher-than-average risk for early substance abuse, addiction and the development of a variety of physical and mental health problems. To address this high risk population, CSAP is developing prevention interventions specifically designed for these children and families as part of an interagency Strengthening Families Initiative.

In the area of alcohol and drug treatment SAMHSA has repeatedly demonstrated the effectiveness of Federally supported programs. For example, an evaluation of treatment programs funded by the Center for Substance Abuse Treatment (CSAT) found a 50 percent reduction in drug use among their clients one year after treatment. Additional outcomes include improved job prospects, increased incomes, and better physical and mental health. Clients are less likely after treatment to be homeless and less likely to be involved in criminal activity and risky sexual behaviors. Our Services Research Outcomes Study, released in September 1998, produced similar findings. This national sample of substance abuse treatment programs showed that participating individuals sustained reductions in substance abuse for at least five years following treatment. Similar findings have been produced by NIDA and in the States of California, Oregon and Minnesota and by RAND corporation. We have achieved successful results that parallel or exceed the results of patients receiving treatment for other chronic illnesses like diabetes, hypertension and asthma. Yet, we are living in an America where substance abuse treatment is stigmatized and private insurance coverage for treatment is not equal to coverage for treatment of other medical conditions. According to the National Household Survey on Drug Abuse (NHSDA) 63 percent of people with a severe drug problem—about 3.6 million people in need of treatment—did not receive the care they needed in 1997. With the Congress's leadership we can help others understand that drug abuse is a serious public health issue that must be addressed and can be addressed successfully.

To help support and maintain State substance abuse treatment and prevention services, SAMHSA is providing $1.6 billion in funds through the Substance Abuse Prevention and Treatment Block Grant in fiscal year 1999. New Mexico is eligible to receive this year $8,261,541, an increase of about $1.5 million over the State's allotment in fiscal year 1998. While there are some requirements associated with the use of these funds, States have tremendous flexibility to use them to address the needs of the State.

While block grant investments that support and maintain state systems are vital, they represent only one part of the comprehensive approach needed to improve access to quality substance abuse prevention and addiction treatment services in the U.S. To increase access and reduce waiting times for services, Federal investments in targeted capacity expansion and development and application of new more effective and efficient interventions are essential to improve system performance and service quality, as well as cultivate a system that is responsive to current and emerging needs. These investments help to connect the laboratory research funded by the National Institutes for Health and others to the needs of our citizens through the delivery of everyday health care services. Without the bridge that SAMHSA provides, the benefits from Federal investments in bench science and biomedical research will not reach our citizens or achieve full potential.

Wise investments in improving performance and quality of services through SAMHSA's Knowledge Development and Application (KD&A) grant program stimulate the discovery of new and more cost effective ways to deliver services paid for through block grant funding, Medicaid, Medicare and private sector insurance. For example, CSAT has launched an initiative to determine the effectiveness of available methamphetamine addiction treatments for various populations and the cost effectiveness of the various treatment approaches. CSAT is also investing in improving treatment services available for adolescents and adults dependent on marijuana. Additionally, CSAT has also initiated a program to identify currently existing and potentially exemplary adolescent treatment models and to produce short-term evaluation of outcome measures and cost-effectiveness of such models with a special emphasis on models that focus on treatment for adolescent heroin abusers. Because the effectiveness of current treatment models for adolescents is still being developed, CSAT is working with NIAAA to identify effective treatment interventions for adolescents who abuse alcohol and those who have become alcoholics. CSAT is also working with the Department of Justice to support the Drug Court Program and through this effort we are piloting three Family Drug Courts projects in which alcohol and other drug treatment, combined with intervention and support services for child and family, are integrated with the legal processing of the family's case. And, SAMHSA is working with the Food and Drug Administration and the National Institutes of Health to increase access to and improve the quality and accountability of methadone and levo-alpha-acetyl-methadol (LAAM) treatment for people with heroin addiction. Improving access and quality of treatment will be accomplished by moving from the current regulatory environment to a system that will combine program accreditation with statutory requirements.

While the drug problem is national in scope, our data provides us the ability to gauge the regional nature of emerging trends. In addition, mayors, town and county officials, the Congressional Black and Hispanic Caucuses and Indian Tribal Governments experiencing the effects of drug use in their communities have appreciated Federal leadership in helping them address emerging drug trends and the related public health problems, including HIV/AIDS. SAMHSA's Targeted Treatment Capacity Expansion program is key to these efforts. These grants, already in 41 communities, are providing rapid and strategic responses to the demand for services that are more regional or local in nature. For example, the outbreak of methamphetamine use that has spread across the Southwest or dramatic heroin use increases reported in localized areas can be more rapidly addressed as a result of this program. Last year we awarded a Targeted Capacity Expansion Grant to a program in Gallup and I have here an announcement for additional grants to be made this year for which State, county and local governments including Indian tribes and tribal organizations may apply.

In conclusion, Mr. Chairman, SAMHSA is very interested in sharing with New Mexico the knowledge that it has gained over the years. In fact the State is currently working on a proposal for technical assistance on how to address the problems here in Rio Arriba County. The State is working hard and I want to acknowledge their efforts. SAMHSA has had a good working relationship with the States over the years and we look forward to assisting New Mexico in any way we can.

Senator DOMENICI. Thank you very much. Now, I gather from what you have said, Doctor, that a number of the block grant programs, at least two that you have mentioned, are working through the State, and I think it would probably be the State's officials that are going to speak after you, Secretary Alex Valdez of Human Services and the head of our law enforcement, they would be the ones that would be putting the plan together for the governor on that one plan and implementing the other programs if they are going to get funding for it; is that correct?

Dr. AUTRY. The block grant program is coordinated through the State and the Targeted Capacity Program, city, counties, States can apply. We ask that they coordinate the reference, so we only get one coordinated application in, and then our other program, individual institutions, cities, counties and States apply for those. The information is available to anybody who asks for assistance.

Senator DOMENICI. So what I am gathering here is, the Secretary will speak to us soon on what they were doing, but as part of the comprehensive plan, they could further the area, further apply for the two programs you have spoken about, in addition to the grant; is that correct?

Dr. AUTRY. That's correct.

Senator DOMENICI. And how much money is available in those programs?

Dr. AUTRY. Targeted Capacity Program——

Senator DOMENICI. Let me ask, that program has already been given reasonable effort here in New Mexico, has it not?

Dr. AUTRY. Absolutely. That is a program that has been very, very, very well supported and we appreciate that, and certainly there is adequate money to respond to applications.

Senator DOMENICI. Let's move to Dr. Condon. Doctor, first, would you please take back to Dr. Leschner my extreme gratitude for participating by sending you here. I know him very, very well.

Dr. CONDON. Yes, I know.

Senator DOMENICI. You are making incredible science breakthroughs. You all should know that we are not just relying upon people finding a way to avoid drugs or getting off drugs, we know it's very difficult. Our best and greatest scientists are working on ways to be helpful in terms of finding what it is that causes that, why people cannot control this desire and this use, and there is some fantastic research, and I know that maybe you can share some thoughts with us to give us a little hope in our future.

Dr. CONDON. Certainly, thank you, Senator. I believe our written testimony for the record is in the back. I will just summarize my statement.

Senator DOMENICI. The statement will be attached to the record. Thank you.

Dr. CONDON. Let me also convey our regards to the community here. We have very high regards as well. Mr. Chairman and members of the committee, I am pleased to have this opportunity today to share with you what science is teaching us about drug addiction, abuse and about heroin addiction in particular. We so often hear about certain drug use patterns around the neighborhoods from the national media, but it really doesn't hit home until you see the impact that drugs have within your own community.

Recently, this past fall, having made a number of visits to the Midwest, particularly, to Des Moines and to Omaha, I witnessed firsthand what methamphetamine is doing to those communities, and they were, of course, struggling to figure out what to do about that as well. It's now that I am here in Rio Arriba County, hearing from you about the impact of black tar heroin, and what an impairment it's having on you, on your children and your families and your community that I truly realize that heroin is a major public health threat that affects us all. It brings in its wake a myriad of health, social, economic problems, including HIV, AIDS, and other infectious diseases and disruptions of families, communities, and societies in general.

The good news is, however, that we do have a strong research base that communities can call upon in their efforts to combat drug abuse and addiction, and I will talk a little bit more directly about some of those efforts in a few minutes, and about some of the research-based materials that the National Institute on Drug Abuse has developed that can be useful for you in this community.

Let me encourage you to pick up the materials that we brought out here, 200 copies of just about everything we have produced in the last couple of years in prevention and treatment are in the back.

Let me focus first on the science of heroin. Heroin is an illegal, highly addictive drug that is sold in various forms, including black tar heroin. Heroin is both the most abused and the most rapidly acting of all of the opiates. It is processed from morphine, a naturally occurring substance extracted from the seed pod of certain poppy varieties. Heroin is actually 3 times more potent than morphine. Because of its chemical structure, heroin is able to rapidly enter the brain where it is converted back into morphine. In the brain morphine attaches to the natural opioid receptors, also known as endogenous endorphin receptors. In fact, thanks to advances in molecular biology, we have now cloned at least three of the known opiate receptor subtypes, the so-called mu, delta, and kappa opiate receptors, and we are studying the mechanism of their action in very fine detail. Heroin can initiate its multiple physiological effects, including pain reduction for morphine, depression of heart rate and slowing of respiration. Heroin also acts in those receptors. However, heroin also acts on the brain's natural reward circuitry to produce a surge of pleasurable sensations. That is, in fact, why people take a drug because they like what it does to their brain. It modifies their mood, their perception and their emotional state. It either makes them feel good or it makes them feel better. However, the problem is, that pleasure doesn't last long.

Prolonged heroin use has been found to cause pervasive changes in brain function. The manifestation of these brain changes can be seen in the development of tolerance and physical dependence. While those two features of heroin addiction actually can be managed pretty easily with appropriate medications, the most challenging, particularly for treatment providers, as you all know, are the cravings and the compulsive aspects of heroin addicts after addiction occurs. This is why we are continuing to support research that will help us develop innovative approaches, both behavioral and pharmacological, to what we now believe to be the essence of addiction; that is, craving and compulsive drug use.

We are confident that we can develop even more tools to expand our clinical toolbox available to treatment providers. We have supported research on two of the most successful treatment regimens for heroin addiction to date—methadone and LAAM. LAAM is a long-acting methadone. These medications block effects of heroin, reduce cravings, eliminate the uncomfortable withdrawal symptoms that many patients can experience.

As good as these treatments may be, however, there is no silver bullet for treating heroin addiction. While heroin addiction can successfully be treated with or without medications, research has shown that integrating medication, such as methadone and LAAM, with behavioral-based therapies is likely to have the most success. Behavioral therapies such as contingency management and cognitive-behavioral interventions have been found to increase the effectiveness of these medications.

In an effort to give treatment providers another effective tool to combat heroin addiction, NIDA is working in collaboration with the Food and Drug Administration to bring to market a new medication called buprenorphine. One of the advantages of buprenorphine is its ability to be administered, with hope, in less traditional environments than methadone, thus expanding treatment to populations who either do not have access to methadone programs or who, in fact, may not be suited for them, such as adolescents. Buprenorphine would not be a replacement for methadone or LAAM but would be another component or option for treatment providers.

Buprenorphine is just one of a number of new treatment approaches that NIDA will be testing in our soon to be launched National Drug Abuse Treatment Clinical Trials Network. The network will test new behavioral and pharmacological therapies that have been shown to be effective in small-scale laboratory studies then evaluate them, in large scale, multi-site clinical trials conducted in what we called "real life settings," like the community here. Through this network, we hope to more rapidly and systematically bring science-based research into actual treatment. This community-based network will be able to design treatments to meet the specific needs of special populations, such as those in your community.

Ultimately we know that our best treatment is, of course, prevention, and 25 years of prevention research has told us that communities can, need, and should play an active role in preventing drug abuse. We are attempting to provide communities with tools that can be used to accomplish this. We realize that we cannot just distribute the research, and that's why we have translated research from over the last few years in a way that is useful for communities. This is the main reason, actually, why we developed the first ever science-based prevention guide, "Preventing Drug Use Among Children and Adolescents," and we have 200 copies of that in the back. We call this the "red book." It is a very useful manual.

Senator, we have circulated over 200,000 copies of this publication in the last 2 years. We have gotten positive reports back. They are incredibly user-friendly documents that can be used by just about anyone.

We have also collaborated with other Federal agencies, such as Substance Abuse and Mental Health Services Administration, Department of Education, and Laurie Robinson of the Department of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Bureau of Justice Assistance to help communities combat drug abuse. We also have an active education program that develops and disseminates science-based materials on a continuous basis. Publications such as our Research Report Series and our INFOFAX, which is available both in English and Spanish, and available on the worldwide web, provide information on drugs of abuse in a concise manner that is understandable to all.

Again, I brought you a copy of the Heroin Research Report series that we have developed. There are a number of copies in the back as well as the INFOFAX, which has Rolodex cards attached to it in both English and Spanish references, because it is important that people have accurate, science-based information so that they can make healthy lifestyle choices.

We have developed education programs. For example, we have produced the award winning "Mind Over Matter" series, and have launched a program called "NIDA Goes to School." "NIDA Goes To School," Senator, is a science-based drug abuse education information kit that can be used in the classroom. It's designed for middle school, grades five through nine, and we made a decision to send it to every middle school in the country, all 18,000, including Espanola Middle School, here in New Mexico received a copy of this material. Again it's designed for grades five through nine. It's designed to spark more than their curiosity about science, but to teach them about the effects of drugs on the brain and the body.

PREPARED STATEMENT

In conclusion, it is science that is, in fact, leading the way with developing more effective proponents to prevent and to treat drug addiction. Research has already brought us a great distance, yet we still have a very lengthy journey.

Thank you for inviting NIDA to participate in this panel, Senator, and we would be happy to answer any of your questions.

[The statement follows:]

PREPARED STATEMENT OF TIMOTHY P. CONDON, PH.D.

Mr. Chairman and Members of the Committee, I am Dr. Timothy P. Condon, Associate Director of the National Institute on Drug Abuse (NIDA), one of the research institutes at the National Institutes of Health. I am pleased to have been invited here today with my colleagues to testify at this important hearing to tell you what science has taught us about heroin addiction.

The National Institute on Drug Abuse (NIDA) supports over 85 percent of the world's research on the health aspects of drug abuse and addiction. It does this through a comprehensive research portfolio that incorporates many diverse fields of scientific inquiry and addresses the most fundamental and essential questions about drug abuse, ranging from its causes and consequences to its prevention and treatment. The scientific knowledge that is generated through NIDA research is providing us with new insights into addiction, and importantly, how to both prevent and treat it.

Today, in the United States, approximately 600,000 people are addicted to heroin. Data from several sources suggest that the number of people using heroin for the first time continues to escalate with a large proportion of these new users being young, with 90 percent being under the age of 26. Part of what may be fueling the rising numbers seen here in the Southwest is the ready availability of inexpensive black tar heroin. Black tar heroin derives its name from its color and consistency which results from the crude processing methods used to illicitly manufacture heroin in Mexico. Regardless of its form, black tar heroin is addictive with street purities ranging from 20 to 80 percent.

Heroin addiction is often associated with increased criminal activity and human suffering. In addition to the medical consequences of collapsed veins, increased risk of bacterial infections in the heart and lungs, in the past 10 years, there has been a dramatic increase in the prevalence of human immunodeficiency virus (HIV), hepatitis C virus (HCV), and tuberculosis among intravenous heroin users. From 1991 to 1995 in major metropolitan areas, the annual number of heroin-related emergency room visits has increased from 36,000 to 76,000, and the annual number of heroin-related deaths has increased from 2,300 to 4,000. The associated morbidity and mortality further underscore the enormous human, economic, and societal costs of heroin addiction. This is a problem that is widespread and growing and impacting every community in America, both rural and urban.

The good news is that we know more about how opiates such as heroin and morphine work to produce their myriad of effects than almost any other drug. From this scientific base, researchers have been able to develop a number of effective weapons to combat heroin addiction.

Heroin is chemically derived from morphine and is approximately three times more potent than morphine. Because of its chemical structure heroin is able to very rapidly enter the brain where it is actually converted into morphine. In the brain, morphine attaches to the natural opioid receptors also known as, endogenous endorphin receptors, where it can initiate its multiple physiological effects, including pain reduction, depression of heart rate and the slowing of respiration. It is heroin's effects on respiration, in particular, that can be lethal in the case of heroin overdose. Heroin also acts on the brain's natural reward circuitry to produce a surge of pleasurable sensations.

Advances in molecular biology, are providing scientists with tools such as new animal models, to better understand how heroin produces its addictive effects at the cellular and molecular levels. For example, we have cloned the genes for 3 opiate receptor subtypes, the so-called, mu, delta and kappa opiate receptors. In the past two years, using state-of-the-art genetic engineering technology, we have been able to create new strains of "knockout" mice that lack each one of these receptor subtypes. A number of studies now point toward the mu opiate receptor as being critical in mediating opiates' addictive effects. This type of information can be invaluable in designing new, more effective treatment medications that can specifically target cellular sites relevant to addiction.

Prolonged opiate use has been found to cause pervasive changes in brain function. The manifestation of these brain changes can be seen in the development of tolerance and physical dependence. With physical dependence, the body adapts to the presence of the drug and withdrawal symptoms often occur if use is discontinued or abruptly reduced. The first symptoms may occur within a few hours after the last time the drug is taken. The major symptoms peak between 24 and 48 hours and subside after about a week. However, some people have shown persistent withdrawal signs for many months.

Physical dependence and withdrawal were once believed to be the key features of heroin addiction. We now know that this is not the case entirely, since craving and relapse can occur weeks and months after the withdrawal symptoms are gone.

Understanding the biology of addiction has led us to develop a number of effective tools to treat heroin addiction and to help manage the sometimes severe withdrawal syndrome that accompanies sudden cessation of drug use. Through NIDA-supported research, for example, LAAM (levo-alpha-acetyl-methadol), a new drug for the treatment of heroin addiction was developed and is now available as a supplement to methadone. Both drugs block the effects of heroin and eliminate withdrawal symptoms. Treatment with methadone requires daily dosing. LAAM blocks the effects of injected heroin for up to three days. Research has demonstrated that, when methadone or LAAM are given appropriately, they have the ability to block the euphoria caused by heroin, if the individual does in fact try to take heroin. Methadone has allowed many heroin addicts to lead a productive life.

As good as these treatments may be, there is no silver bullet for treating heroin addiction. Research has shown, however that integrating pharmacological approaches with behavioral therapies is the most successful approach to treating drug addiction. Behavioral therapies, such as contingency management and cognitive-behavioral interventions for example, have both been found to compliment anti-addiction medications, such as methadone, successfully.

In an effort to give treatment providers another effective tool to combat heroin addiction, NIDA is working with the Food and Drug Administration and the pharmaceutical industry to bring to market a new medication called buprenorphine. This medication has the potential for administration in less traditional environments, thus expanding treatment to populations who either do not have access to methadone programs or are unsuited to them, such as adolescents. Buprenorphine would not be a replacement for methadone or LAAM, but yet another treatment option for both physicians and patients.

Buprenorphine is just one of a number of new treatment approaches that NIDA will be testing in our soon to be launched National Drug Abuse Treatment Clinical Trials Network. This Network will serve as both the infrastructure for testing science-based treatments in diverse patient populations and treatment settings, and the mechanism for promoting the rapid translation of new treatment components into practice.

In addition to testing new medications, a number of behavioral therapies such as cognitive behavioral therapies, operant therapies, family therapies, brief motivational enhancement therapy, and new manualized approaches to individual and group drug counseling are ready to be evaluated in real life settings. It is important to note that all new pharmacological therapies will be tested in conjunction with a behavioral therapy.

This community based Network will enable us to design treatments to meet the specific needs of special populations, such as those in rural communities.

Ultimately, we know that our best treatment is prevention. We also know that we must provide the public with the necessary tools to play an active role in preventing drug use in their own local communities. This is likely one of the reasons that the first ever research based guide, NIDA's "Preventing Drug Use Among Children and Adolescents," has become one of our most popular publications since we debuted it almost two years ago. This user-friendly guide of principles summarizes our knowledge gleaned from over 20 years of prevention research. Over 200,000 copies have been circulated to communities throughout the country. The prevention booklet is just one example of how we are bringing research to local communities, both rural and urban, to reduce drug use.

NIDA is also teaming with other federal agencies, such as two components of the Department of Justice, the Bureau of Justice Assistance and the Office of Juvenile Justice and Delinquency Prevention to help communities combat drug addiction. In conjunction with the Department of Justice, we are working to implement science-based prevention programs into schools and evaluate their effectiveness. All of NIDA's prevention activities reflect our commitment to target prevention interventions to the specific needs of youth at risk for drug abuse, including members of different ethnic groups.

In short, we are interested in providing community's with the tools necessary to reduce the Nation's overall drug use. Thus, in addition to our research to prevent and treat drug abuse, NIDA is also concerned about education on these topics. NIDA has an active information dissemination program that develops and disseminates science-based materials on a continuous basis. Publications such as our Research Report Series and our INFOFAX, which is available on the world wide web or by calling an 800 number, present the latest information on drugs of abuse in a concise manner that is understandable to members of the general public.

We also have a strong science education program to ensure that our Nation's youth have accurate science-based information to make healthy lifestyle choices. For example, we have developed award winning materials such as our "Mind Over Matter" series that was sent to every middle school in the Nation. "Mind Over Matter" is a series of drug education brochures for students in grades five through nine to spark their curiosity and to inform them with the most up-to-date scientific research findings on the effects of drug abuse.

In conclusion, I would like to reiterate that 25 years of research has provided us with effective prevention and treatment strategies that can be used to combat heroin addiction, as well as other drug problems. Research has shown that these strategies are effective in reducing not only drug use but also in reducing the spread of infections like HIV/AIDS and in decreasing criminal behavior.

It is important that there be a sound platform of scientific research to build upon as communities around the country develop and implement their drug abuse prevention and treatment programs. NIDA supported research continues to lead the way in strengthening and expanding that platform.

Thank you once again for inviting me to participate on this panel. I will be happy to answer any questions you may have regarding the scientific findings I just presented.

TRIGGER FOR COORDINATED RESPONSE

Senator DOMENICI. Thank you very much, Doctor. We are going to take about 10 more minutes with this panel, and then we will stay on time and take a brief recess and put our State witnesses up. I have a number of questions, but I think what I would prefer to do, rather than ask them, is to seek out some discussion with you. Let me be very honest. When the facts became public about the degree of addiction and abuse in Rio Arriba County with reference to black heroin, I was kind of wondering to myself, how could it get so bad without it triggering some big red light somewhere that would say, "State government, Federal Government, State programs, Federal programs, law enforcement, Federal law enforcement, this is an epidemic we ought to be focusing on." And I guess I have come to the conclusion that we really don't have anyone that's supposed to do that, that I know of. If I'm wrong, I wish somebody would tell me, but it's only in the last couple of months that those who have programs, and no criticism of any of those programs, that they've all come to the conclusion that we found out about this.

I think the first thing that kind of disturbs me—I am bewildered—is what should trigger a more coordinated response when things are so bad, or are we really going to expect the local government to bring it to everyone's attention? I am amazed at the principal law enforcement agencies that work in this area, DEA, which has become very elaborate, and the very informed Administrator of the DEA, Constantine, has become a primary organization, but there is no red flag set of facts that brings them to play in an area such as this. It has to get called to their attention.

Now, having said that, we all know about it now, right? You know about it, presumably, and I know the U.S. Attorney knows about it. SAMHSA knows about it. Our Attorney General of the United States knows about it. We have all these State people that know about it. Now, they've known for a while longer, so they will come up here and say, "Senator, what you are talking about? We knew about this," but that's wonderful. But the point is, nothing comprehensive was done by anyone, including me. You and I are all in the same boat, but now that we know, what really worries me, I do believe the network can be of assistance, general assistance, but I don't want to leave today without understanding that there's some way that some entity is going to pick up the coordination efforts and make sure that, be it SAMHSA, NIDA, or clearly it will be, for certain, Department of Justice, with its myriad of programs, and that leaves aside the law enforcement, which I assume will be doing their work. What I would ask, first starting with you, Laurie Robinson, if you know, and if there's something you can suggest, I think it will not do very much if we don't leave by the end of the day with some understanding of how is all this going to be put together, and frankly, I say to the local people, "This is not my job. I do not choose to put this together over your heads," I just don't want to come back in six months and have the local people say nothing happened. Right, or I would like them to say we tried and maybe it didn't work, but I really don't think we ought to keep having hearings and keep on discussing what's available. Someone has to take this and go.

Now, maybe I am premature and maybe the State cabinet members, including Alex Valdez, can tell me later how that would occur, and maybe the very active chairman of the County Commission, but could you talk to that a little bit so I feel more comfortable that you are not going to fall off the log too and not be around doing this kind of thing? Would you start, please?

Ms. ROBINSON. Certainly, Senator. What we have seen in other communities around the country is, of course, and you and I talked about this earlier this morning, the importance of local engagement. This can never be something that the Federal Government comes in and does to the local community or even State government comes in, so clearly you have layers—the Federal, State and local—that have got to work together on this. And at the same time, it's stating the obvious, that the pieces of the Federal side have got to be coordinated.

As I indicated earlier, we work very closely with Dr. Alan Leshner at NIDA, with Dr. Chavez at SAMHSA, and my recommendation here would be that we would be happy—if that's your choice—to have the Justice Department be kind of the center of the team, or however my colleagues would like that. When we send out our technical assistance team, as I indicated in my statement, we would plan ahead of time to coordinate, to make sure that the SAMHSA and the NIDA efforts are tied in together so that we have a collaborative approach. And then part of that has got to be working with the local mayors to have everyone at the table—going across the board from local law enforcement to social services, education, every piece of the team at the local level—to put together what we would call the strategic plan. That may not be about individual funding programs, per se, but it will identify what the needs are. And then what we can do coming back from the Federal side and working with our State colleagues, is to see where we can meet those needs through existing programs, and to be pretty creative about it. But I agree with you, it cannot be done in a segmented way. It can't be done in an isolated way. We have got to think about it as a whole.

Senator DOMENICI. Doctors, in your opinion, do you have any comments?

Dr. AUTRY. Let me just echo those sentiments. As you heard from my earlier comments, we are already working and activated, and the State is already, in point of fact, working with the County at this point in time to identify what kinds of needs there are and what sorts of training and technical assistance will be necessary to help meet those needs. You asked the question earlier about how much money is in the Targeted Capacity Program. There is $133 million in that program that's eligible to be competed for, and the knowledge, development, and application program is $267 million, and these monies can augment the already ongoing State effort.

I want to compliment the State on having gotten to us early on with their concerns and having already started to work in looking at what the TA needs are and looking to see if there are applications for target capacity expansion that might be useful in helping address this problem. I also share Justice's concern that this must be done in a coordinated way. We all know that our population of interest has a significant overlap, and if we don't deal with them vividly and to go, then we are certainly going to miss a lot of opportunity. Similarly, as you heard from Dr. Condon, having the best effective treatment prevention, treatment and working to upgrade those in the community, is part of what the technical assistance will focus on.

Dr. CONDON. I just echo the same comments, and let me just mention that NIDA will be happy to participate with the technical assistance team, if not directly by having staff on site, we will be able to put the members of the team in contact with the NIDA researchers doing the cutting edge research on this topic.

Senator DOMENICI. I want to thank you very much. I have additional questions. I am not even sure I will submit them because I know what we heard and what you said is what we have got, and I don't think I can make it any better by asking questions. I think we all understand our goal, and I thank you very much. It would be helpful and I am hopeful that the community will avail itself in a coordinated way without competition. I hope we can eliminate competition among groups here as to what we are doing. We have got to focus in on what we are going to do very soon, it seems to me, and I am not going to be the arbitrator in that regard. We are going to excuse you now, and unless you have meetings scheduled with any of the local people, we will not need you anymore as witnesses, and you are free to enjoy beautiful New Mexico for whatever time you are going to stay here.

NONDEPARTMENTAL WITNESSES

STATEMENTS OF:

ALFREDO MONTOYA, CHAIRMAN, RIO ARRIBA COUNTY COMMISSION

LORENZO VALDEZ, COUNTY MANAGER

LAURAN REICHELT, DIRECTOR, HEALTH AND HUMAN SERVICES DEPARTMENT, RIO ARRIBA COUNTY

Senator DOMENICI. We have the County witnesses, the County-wide strategic panel, would you please come to the witness table? Alfredo Montoya, Rio Arriba County Commissioner, Lorenzo Valdez, County Manager, and Lauran Reichelt, the Director. Would you please join us here and talk with us a bit?

Shall we proceed in the order that we called you, Mr. Chairman, going first and then the Manager and then the Director. Mr. Chairman, please proceed.

Mr. MONTOYA. Senator, thank you very much for your involvement in addressing our dilemma here. I don't think you quite realize how much everyone here appreciates what you are doing at this time, the attention that you have helped us bring to the situation we find ourselves in. We are extremely appreciative as well as all of the local people that are here today, and many of those that couldn't be here.

I would like to start, Senator, if I may, recognizing some leaders in the community that are playing a big role in assisting with the epidemic that we find ourselves in. Without the leadership of all these individuals and some others that aren't here, we couldn't quite get to a solution that we want to get to.

I would like to recognize my colleagues on the commission who are Moises Morales and Ray Tafoya. I would also like to recognize the President of this fine institution, the Northern New Mexico Community College, Sigfredo Maestas, and the Vice President Priscilla Trujillo. I would like to recognize also the municipal judge for Espanola, Mr. Charles Maestas, who is doing a lot in his courtroom to deal with this problem. He started teen court and other initiatives. Representative Nick Salazar was here. Debbie Rodella and Senator Arthur Rodarte were hoping to attend, and I am not sure if they are here, the mayor from our fine city, and I believe he was here earlier this morning. I believe he is in the audience, members of the City Council and members of the Santa Fe County Commission, and fellow officials, the people who will be on the State panel. They will be recognized a little later. All the other efforts, Senator, are dually needed, and we are very happy that they have all been willing to be participants in our efforts at addressing some of our problems here.

I would like to start, Senator, by saying that in our role, in our responsibility as a county government, we are really not in the business of providing treatment or prevention services to substance abusers and families, nor are we trained to provide law enforcement and detention, and so forth, to the level that this current epidemic we find ourselves in requires. We have been aware of the extensiveness of the problem and the serious negative effects it has on our population, so when we were challenged to step up to the plate to provide leadership, we responded as local elected officials. We take our responsibilities very seriously, and when our families are distressed due to all the negative impacts that drugs generate, it concerns us a great deal. Locally we feel this is our responsibility to mobilize whatever forces are needed to deal with this epidemic, and here is where we are extremely grateful that you are responding to our call for help. We have no intention of being service providers, because there are plenty of professional people in the community that are very capable and can do this, but we did see a need to draw attention to our dilemma. We also have found a need, more than at any other time before, to come together as a community and as a county and as a region.

We have a genuine interest, Senator, in gaining control of this problem that is costing us the precious lives of our loved ones. It's costing us the use of our limited resources that are desperately needed elsewhere, and it has given us a reputation that we wish we didn't have.

Senator, we really don't want to be first in the nation in all of these negative categories. It would be wonderful if we had gathered here to discuss something more pleasant. Our community, as the statistics indicate, has a tremendous and enormous thirst for illicit drugs, and we all know that if we put all our resources into interdiction, it will not work. At the previous hearing that you had here, the information gathering hearing some weeks ago, we heard Secretary White indicate that law enforcement alone could not address this problem. So until we deal with that and work on decreasing the demand, we will not be successful. We have to have a balanced approach between interdiction, prevention, and treatment. That is why it's so encouraging, hearing from the previous Federal panel's information on all of the programs that are available to deal with the treatment and prevention part, as well as interdiction for law enforcement.

Senator, again we are very encouraged with your involvement. Thank you for putting together or assembling all of the ingredients needed. I believe through the extensive resources, through SAMHSA, through NIDA, we will have a balanced attack on drug abuse in our area. Our role in local government, Senator, is to make efforts to ensure that everyone involved in this issue is working with one another. There will never be sufficient resources, and if we don't apply them wisely, we will not be able to get anywhere. We would like to see the providers of treatment working with prevention providers. We would like to see how law enforcement collaborates with providers to the extent possible. We would like to see primary and emergency care providers coordinating data and services with others, and we would like to see the schools very, very involved, in an effort to ensure that precious resources are utilized wisely, that duplication is minimized. We all have a game plan, as varied as it might be. We have sanctioned the creation of the Rio Arriba Strategic Plan for Substance and Alcohol Abuse, Revision and Treatment Plan, and my colleagues will speak a little more on that.

I would like to close, Senator, by saying that the Federal panelists before us all spoke about the much needed coordination of civic action, that we will greatly need to coordinate what we are doing, and I believe that is the intent of this plan. I hope we can do that, and we can bring everyone to the table and work together on this, Senator. I will allow our county manager to speak on our plan.

Senator DOMENICI. Please, Mr. County Manager. Glad to have you, and will you share some of your thoughts on what you all are doing together. It's good to have you with us.

Mr. VALDEZ. Thank you, Senator. I have only been privileged to address committees one, two or three times in my life, actually, and it's always a little overwhelming to be able to speak to the government in Washington on these occasions, so bear with me as I gather myself for this.

My task for the Rio Arriba Board of County Commissioners is to administer and to manage their directives and their view and their plan for Rio Arriba County and to assure that their statutory mission is accomplished in this community. That mission has four words that motivate the work that we do, and that is to maintain the health, safety, welfare and conveniences of the residents of Rio Arriba County.

The reason that we are gathered here today is because that mission is being impaired in some form or fashion. The facts are that substance abuse that is the focus of today's activities impact all of the Commission's responsibilities and abilities to provide for the health, safety, welfare and convenience of our citizens is being eroded by the reality of the substance abuse problems in the community. I remember in 1978, I was at my home after I had left a situation. I was working with youth, at a group home, and a home full of 25 kids for which I was a responsible parent, tough job, but the home was having some problems. So I left and—it was about a month later, a good friend of mine who is now deceased, came to my home and said, "Lorenzo, I have worked with you before. Would you please assist me in a project that I want to undertake, myself and some other friends," that he had already contracted. Well, I respect this individual, so I said yes. And the project was the Rio Grande Center at Embudo, which is the alcoholism treatment facility. At that time, the State had just passed a law making funds available for regional alcoholism treatment facilities. I eventually became treatment-program coordinator for that program. I worked there for 6 years. I have maintained contact with the treatment community all along, and I have seen the face of substance abuse change in Rio Arriba County.

To say that heroin abuse is a new drug problem in the county is not the case. We know that heroin has been in our community from the 1940s, the 1950s and has evolved. I remember a lot of publicity about Las Vegas during the 1960s and 1970s calling it "Smack City" and lots of our students went to school in that time. We know about the impact that history had on this community.

To say that the Mexico connection is the source of heroin is a fact. It was then and is now, because we don't grow poppies in New

Mexico, so it has to be produced and manufactured somewhere else, and it must grow from that site.

What we have done in Rio Arriba County is to begin the planning process that is comprehensive and unified. In the effort to do prevention, the possibility is that we will misuse or mismanage the meager resources available, so we need everyone on board for this plan and process. It's open, it's available to everyone. We want everyone at the table, we want to ensure we have the maximum impact on the county problem. We have sent out notices and had numerous meetings in coming up with this plan. We have the expectations that the planning efforts will be coordinated not only for use of the resources, but the status and modalities that are most effective. It is fine to have a million dollars to spend, but then we have to come out with ways that are effective and take into consideration who we are. It's the only way that we will have a desired outcome, and outcome is why we do things. So we must really look at outcomes.

We must also spend time working with State and Federal agencies. We must be realistic and look at those outcomes so that we know whether we are being successful. We really need to investigate what it is that we desire from this process. It is the only way that we can manage the resources effectively.

I remember when I was working with alcohol abusers and alcohol addicts, because alcohol is a drug, and I was struck by the statement "mind over matter," and the people I had in treatment always used to turn it over, "if you don't mind, it doesn't matter." So we have to mind because if we don't mind, then nothing else will happen. We have to be certain that we approach this from the right perspective, and that means each individual has to internalize the reasons for why we are undertaking this mission.

I like mission better than war because mission implies something religious, and today we are turning into a very important period in Northern New Mexico. I want to emphasize something that we are taught here, is that at the base of our motivation should be compassion, hope, charity, and if we base ourselves in that, we will be successful, because those are the factors or the virtues that make human endeavors better and successful in the long run.

We need to focus on where our hearts and minds are at. I worry a little bit when I was reading an article in an interview with general—the person involved with the drug war.

Senator DOMENICI. General McCaffrey.

Mr. VALDEZ. Right, and how scientific discovery and instrumentation can help in the drug war. I was reading about techniques for looking through roofs and walls and listening to conversations two miles away. I would caution that we be very careful about that. Northern New Mexico is a community where you don't want to martialize the law here. We are very independent. We are very reactionary to those kinds of things, and you will find lots of residents. We want cooperation. We want people to join us, so I emphasize again that the other approach is one that was given to us by the mayor's favorite friend, and so I want to defer to that.

Senator DOMENICI. Is that God?

Mr. VALDEZ. I think so, yeah. Good instructor, but we have some good direction from there. I think if we all realize His mission, we can solve a lot of these problems. I think that's from the perspective in Rio Arriba administration, because I have talked to the public officials in this New Mexico county. They are very much influenced by those kind of sentiments, and like this, it's very much in the mind, and it's very much in the hearts. A lot of them are actually going out and isolating themselves so they can think about it. We need to think about it, and the community needs to think about it, and we need to deal with the afflicted, and Spanish here we call it (spoke in Spanish), he who is next to us. (Spoke in Spanish) He who is identical to us. I think that's where we need to come from in terms of dealing with the problem. So thank you very much.

[The information follows:]

RIO ARRIBA COUNTY MATERNAL CHILD & HEALTH COUNCIL SUBSTANCE ABUSE RELATED DETENTION COSTS

LETTER FROM THE RIO ARRIBA BOARD OF COUNTY COMMISSIONERS, ESPANOLA BRANCH OFFICE

MARCH 23, 1999.

SUBJECT: COST OF ENFORCEMENT FOR SUBSTANCE AND ALCOHOL ABUSE-RELATED CRIMES TO THE TAXPAYERS OF RIO ARRIBA COUNTY

DEAR TAXPAYER: The Rio Arriba Maternal Child Health Council (RAMCHC) recently became concerned that a significant percentage of the County's operating budget was being used to finance the apprehension and detention of individuals for substance abuse-related crimes. Because these individuals are released into the community without proper treatment, they inevitably fall into abuse and crime, and are arrested again. Enforcement is the most expensive and least effective method of dealing with alcohol and substance abuse.

The RAMCHC commissioned Shaening and Associates to determine the impact of substance and alcohol abuse on the county's enforcement budget. We learned that 38.55 percent of all inmate days at the T.A. detention center are the direct result of substance/alcohol abuse and other behavioral health problems, resulting in a cost to the County of $570,814. This does not include administrative costs associated with holding these inmates, nor does it include the cost of apprehension. The RAMCHC studied the period from June 1, 1997 through May 31, 1998.

The Rio Arriba County Sheriff's Departmental budget for the current fiscal year is $1,108,426. Detention center costs for the current fiscal year are $1,857,549. This means that the County is spending a total of $2,965,975 out of a total operating budget of $10,186,875 on enforcement. In other words, Rio Arriba, an impoverished County, is forced to spend 29.1 percent of its total operating budget catching and locking up criminals. If we estimate that 38.55 percent of the enforcement budget is the result of substance/alcohol abuse, we can say conservatively that local taxpayers are spending $1,143,383 or 10 percent of the County's operational budget holding substance abusers. This is money that cannot be used for schools, economic development, health care, roads, etc.

Because this study is preliminary, and we still lack data about juveniles, women and offenses such as burglary that are indirectly related to substance abuse, it is safe to assume that our figures are extremely low. It is likely that the true figure is closer to 20 percent, or approximately $2.2 million.

Cost studies indicate that substance abuse is far more expensive than treatment. Money can be saved for communities, employers and families by providing an effective, comprehensive and coordinated substance abuse treatment delivery system.

A recent report by the California Department of Alcohol and Drug Programs showed that for each dollar spent on treatment, seven dollars is saved in crime and health care costs. California has spent $209 million on treatment and has estimated savings of $1.5 billion. Studies in Oregon have showed that once treatment was initiated, arrest rates dropped, as did use of the welfare and food-stamp systems.

In fact, the study showed that wages increased by 65 percent as a result of treatment. Medical costs decreased simultaneously. Thus, every tax dollar spent on treatment produced $5.60 in avoided costs to the taxpayer. Similarly, Minnesota found that introduction of substance abuse treatment resulted in a 65 percent decrease in cost to the state through decreased utilization of health care facilities and prisons.

A 65 percent decrease in substance abuse expenditures by Rio Arriba County could free up $1,430,000 (65 percent of $2.2 million) to benefit our community in other ways.

The RAMCHC and the Rio Arriba Department of Health and Human Services would like to suggest that some of these savings be invested in our children.

Sincerely,

LAUREN REICHELT,
Director, Health and Human Services.
JOANN SALAZAR,
Chair, Rio Arriba Maternal Child Health Council.

A REPORT ON SUBSTANCE ABUSE, MENTAL HEALTH AND RELATED MEDICAL COSTS FOR INDIVIDUALS INCARCERATED AT THE RIO ARRIBA COUNTY DETENTION CENTER, TIERRA AMARILLA, NEW MEXICO

SUBMITTED BY SHAENING AND ASSOCIATES, INC., JUNE 30, 1998

INTRODUCTION

Shaening and Associates, Inc., was engaged by Rio Arriba County to examine data at the Rio Arriba County Detention Center and other facilities that house inmates for the County. The purpose of the study was to identify the detention and related costs to Rio Arriba County of substance abuse and/or mental health related detention. Shaening and Associates was assisted by interns from the Rio Arriba Works project in gathering portions of the data included in this report.

DATA COLLECTION PROCEDURES

Initial interviews were held with the Administrator of Rio Arriba Detention, Anthony Valdez, to determine appropriate sources of data. A data collection process was established that included: security of confidential information; procedures to access records; and, use of Rio Arriba Works interns. At all times the detention center staff were cooperative and extremely helpful to this research, especially Administrator Valdez, Assistant Administrator Bidal Candelaria, and the detention center's Administrative Assistant Margie Atencio.

Rio Arriba Detention prepares an inmate roster each day that is used by staff to verify the inmate population. This check of inmates is conducted early each morning, usually around 2 a.m. This roster includes name, cell location, charge, date of incarceration, bond and sometimes sentencing information. These daily rosters were used to collect most of the data in this report. The daily rosters are each three to four pages in length. They were examined for the period June 1, 1997, through May 31, 1998, to create a twelve month profile.

Daily inmate rosters were examined manually by the researcher with assistance at various times from three Rio Arriba Works interns. Manual counts were made of substance abuse and mental health related charges from 347 daily rosters. Rosters for eighteen additional days were not available. Estimates of the charges for these eighteen days were made by the researcher using the rosters from the day before and the day after each missing day. For example, if there were ten DWI charges (inmate days) on April 1, and eight on April 3, an average of nine was used to fill in the missing day. In this way a profile of a complete year is presented in the data reported here. In the tables of this report, these estimates are shown in a separate column to demonstrate how the total projected costs are established.

There are also inmates whose charge status is reported as one of several types of warrants. These inmates are held under a warrant for arrest and incarceration, usually issued by Magistrate Court. The information that describes the underlying charge is usually forwarded at a later date to the Detention Center and placed in the inmate file. The daily inmate rosters that are created at the time of incarceration are not revised later to reflect the underlying charge, as this information is not used by the detention center staff in the daily head counts, though it is noted in other locations and used for other purposes. Therefore the daily rosters were unable to supply the charge or offense data for these inmates. There were usually eight to twelve inmates in this category on each daily roster. In order to obtain charge data or these inmates, the individual inmate files were examined to determine the underlying charge. When the charge was included in the file, it was recorded. Due to the time consuming nature of this task, only six months of data (December 1997 through May 1998) were examined in order to complete this report in a timely manner. The totals for each category of charge found and counted in this six month period were doubled in order to create a twelve month profile. This is reported in a separate column to show how total costs were determined. It may be appropriate, at some time in the future, to examine the data for the remaining six months, depending upon the future use of these data.

There are no data included in this report for protective custody status and 24-hour mental health hold status. This information, which involves holds for observation of intoxication or mental crises but no criminal charges, is defined by state statute as confidential. Staff therefore destroy all information related to these holds. In interviews, staff estimate that, on average, there is no more than one per month of each of these categories.

The Rio Arriba County Detention Center held an average of 72 adult male inmates per night during the period under study. This is the maximum capacity of the physical plant. Rio Arriba County has no facility to house female or juvenile inmates. When additional inmates must be held, or when there are female inmates, they are transported to and held by other detention facilities, including those in Santa Fe County, San Miguel County, Colfax County, and the City of Espanola. All juvenile inmates are held at the Santa Fe County Detention Center. The Rio Arriba County Detention Center is billed for these services.

Billing records from these detention centers were reviewed during this analysis and those aggregate costs as well as estimates of the substance abuse and mental health related costs under study in this report are included in a later section. They are estimated because the billing records do not include information about criminal charges. Male inmates are housed in these facilities only due to a lack of space locally. There is no known reason why the patterns of criminal charges observed at Rio Arriba County Detention would not apply to these other adult male inmates. Therefore, for purposes of this report, the same percentage of substance abuse and mental health related costs found at the Rio Arriba County Detention Center is used to project similar types of costs for adult male inmates at these other detention centers.

This report includes no projections for substance abuse and mental health related costs for female and juvenile inmates because there are no data on charges supplied with the billing records. Women are primarily housed in the Santa Fe County Detention Center, but sometimes also in the detention centers in San Miguel County, and Espanola. Juveniles from Rio Arriba County are housed in the Santa Fe County Detention Center.

Male and female inmates are combined on a single listing in the billings from these detention centers to Rio Arriba County Detention. In order to make the estimates about the male inmate population housed at these other facilities, and for purposes of this report only, the billing rosters were reviewed and, using first names of inmates, gender was determined as male or female. This will provide a reasonably accurate basis upon which to include these data for this report.

Cost data for medical care, provided by area clinics to inmates of Rio Arriba Detention, were examined when available by reviewing billings to the detention center. Though some of this information is relatively complete, further research into these costs is warranted in the future.

Costs are segmented by source in the sections that follow, including: Rio Arriba County Detention Center inmates; Inmates housed in other Detention Facilities; and Medical Procedures provided to inmates in Rio Arriba County Detention Center.

RESULTS

Rio Arriba County Detention Center

The Rio Arriba County Detention Center houses male inmates only. It housed an average of 72 inmates per day during the twelve month period under review, with a total of 26,302 inmate days of detention for all offenses or charges.

The table below shows the inmate days for the categories of offenses or charges under study. The charges are grouped into five categories (which are detailed in five tables that follow this aggregate table). Those categories are DWI offenses, narcotics offenses, domestic and child abuse offenses, liquor/minor offenses, and disorderly conduct offenses.

RIO ARRIBA COUNTY DETENTION CENTER INMATE DAYS FOR SUBSTANCE ABUSE AND MENTAL HEALTH RELATED OFFENSES AND FOR ALL TYPES OF OFFENSES—JUNE 1, 1997 TO MAY 31, 1998

Charge	Inmate Days from Daily Rosters	Estimated Inmate Days for Days with No Roster	Projected Inmate Days from Warrant Incarcerations	TOTAL INMATE DAYS
DWI Offenses	4,417	210	524	5,151

RIO ARRIBA COUNTY DETENTION CENTER INMATE DAYS FOR SUBSTANCE ABUSE AND MENTAL HEALTH RELATED OFFENSES AND FOR ALL TYPES OF OFFENSES—JUNE 1, 1997 TO MAY 31, 1998—Continued

Charge	Inmate Days from Daily Rosters	Estimated Inmate Days for Days with No Roster	Projected Inmate Days from Warrant Incarcerations	TOTAL INMATE DAYS
Narcotics Offenses	1,377	97	444	1,918
Domestic/Child Abuse Offenses	2,104	105	332	2,541
Liquor/Minor Offenses	488	20		508
Disorderly Conduct	21			21
TOTAL SUBSTANCE ABUSE & MENTAL HEALTH RELATED INMATE DAYS	8,407	432	1,300	10,139
TOTAL INMATE DAYS FOR ALL OFFENSES	25,005	1,297	NA	26,302

NA Not available.

A total of 10,139 inmate days was used to house inmates for the charges under study. This represents 38.55 percent of all inmate days for the twelve month period under review.

It was observed during this study, especially from arrest reports, that many inmates who were incarcerated for charges not examined in this study, were in fact intoxicated or using narcotic drugs at the time of arrest, or are admitted drug users or gang members. These types of information are also collected by the detention center in assessments of inmates. It can confidently be assumed that the substance abuse and mental health related issues under study are underestimated. Estimates of the fiscal impact are thus also understated.

In order to project the fiscal impact, it was necessary to examine the operating budget for the detention center. The total of expenditures for the fiscal year that ends June 30, 1998 is $1,688,779 ($1,580,129 budgeted) with some billings still outstanding. Additional expense of $98,400 is included in other County budget lines, also with outstanding billings (propane, $21,836; electricity, $28,561; $36,119, building maintenance; telephone, $10,812; and postage, $1,072). This total expense is $1,787,179. $600,000 of this is a line item for payment to other detention facilities for housing inmates of Rio Arriba County. Therefore the cost of the Tierra Amarilla facility alone is $1,187,179 (acknowledging some outstanding billings). This total is divided by the total inmate days in the table above, 26,302, for a calculated cost per inmate day of $45.14. When this is multiplied by the days noted in the table above for substance abuse and mental health related charges the resulting projected cost to Rio Arriba County is $457,674 for substance abuse and mental health related charges.

DWI and Related Charges

DWI and related charges were counted for the twelve month period. Inmate days were counted for DWI, Aggravated DWI, Reckless or Careless Driving, Open Container Violations, and Party to a Crime (charge levied against passenger in DWI vehicle).

RIO ARRIBA COUNTY DETENTION CENTER INMATE DAYS FOR DWI AND RELATED CHARGES—JUNE 1, 1997 TO MAY 31, 1998

Charge	Inmate Days from Daily Rosters	Estimated Inmate Days for Days with No Roster	Projected Inmate Days from Warrant Incarcerations	TOTAL INMATE DAYS
DWI	2,991	137	524	3,652
Aggravated DWI	1,250	64		1,314
Reckless or Careless Driving	132	6		138
Open Container	26	3		29
Party to a Crime	18			18

RIO ARRIBA COUNTY DETENTION CENTER INMATE DAYS FOR DWI AND RELATED CHARGES—JUNE 1, 1997 TO MAY 31, 1998—Continued

Charge	Inmate Days from Daily Rosters	Estimated Inmate Days for Days with No Roster	Projected Inmate Days from Warrant Incarcerations	TOTAL INMATE DAYS
SUBTOTAL	NA	NA	NA	5,151

NA Not available

Narcotics Charges

Narcotics charges include: trafficking in (sale of) a controlled substance, usually heroin or cocaine, occasionally marijuana; possession of a controlled substance, usually heroin or cocaine; and possession of drug paraphernalia.

RIO ARRIBA COUNTY DETENTION CENTER INMATE DAYS FOR NARCOTICS CHARGES—JUNE 1, 1997 TO MAY 31, 1998

Charge	Inmate Days from Daily Rosters	Estimated Inmate Days for Days with No Roster	Projected Inmate Days from Warrant Incarcerations	TOTAL INMATE DAYS
Trafficking in Narcotics	585	52	208	845
Possession of Narcotics	635	37	236	908
Possession of Drug Paraphernalia	157	8		165
SUBTOTAL	NA	NA	NA	1,918

NA Not available

Domestic and Child Abuse Charges

Domestic and Child Abuse Charges, though not specifically substance abuse or mental health offenses, are presumed to have a strong correlation with substance abuse and mental health behaviors. The County has requested that they be included in this study. Domestic and Child Abuse Charges include: domestic violence, assault/battery against a household member, and violation of a restraining order; child abuse and criminal sexual penetration of a minor.

RIO ARRIBA COUNTY DETENTION CENTER INMATE DAYS FOR DOMESTIC AND CHILD ABUSE CHARGES—JUNE 1, 1997 TO MAY 31, 1998

Charge	Inmate Days from Daily Rosters	Estimated Inmate Days for Days with No Roster	Projected Inmate Days from Warrant Incarcerations	TOTAL INMATE DAYS
Domestic Abuse or Violence, etc	1,619	79	106	1,804
Child Abuse	46			46
Criminal Sexual Penetratn. Minor	439	26	226	691
SUBTOTAL	NA	NA	NA	2,541

NA Not available

Liquor/Minor Charges

Liquor/Minor Charges include: contributing to the delinquency of a minor; providing liquor to minors; and other liquor violations, usually unlawful sale or distribution (not necessarily involving a minor).

RIO ARRIBA COUNTY DETENTION CENTER INMATE DAYS FOR LIQUOR/MINOR CHARGES—JUNE 1, 1997 TO MAY 31, 1998

Charge	Inmate Days from Daily Rosters	Estimated Inmate Days for Days with No Roster	Projected Inmate Days from Warrant Incarcerations	TOTAL INMATE DAYS
Contributing to Delinquen. Minor	410	19		429
Providing Liquor to Minor	31			31
Other Liquor Violations	47	1		48
SUBTOTAL	NA	NA	NA	508

NA Not available.

Disorderly Conduct Charges

Disorderly Conduct Charges have been found to frequently, if not always, be levied against individuals who are intoxicated, mentally ill and in crisis or acting out, and/or homeless individuals. For this reason they are included in this cost analysis. Disorderly conduct charges were not typically detailed on the daily inmate rosters; when they were specified they included charges such as fighting or trespassing. Other possible causes for a disorderly conduct charge include disturbing the peace, creating a public nuisance, loitering, prowling, threatening, using abusive or obscene language, reporting a false fire, damaging property, refusing to leave private or public property when ordered, obstructing an officer, etc.

RIO ARRIBA COUNTY DETENTION CENTER INMATE DAYS FOR DISORDERLY CONDUCT—JUNE 1, 1997 TO MAY 31, 1998

Charge	Inmate Days from Daily Rosters	Estimated Inmate Days for Days with No Roster	Projected Inmate Days from Warrant Incarcerations	TOTAL INMATE DAYS
Disorderly Conduct	21			21
SUBTOTAL	NA	NA	NA	21

NA Not available.

Other Detention Facilities

Santa Fe County Detention Center (Cornell Corrections, Inc.)

Billing records were examined from the Santa Fe County Detention Center, which is operated by Cornell Corrections, Inc. Before July 1997, it was operated by Corrections Corporation of America (CCA). Records for February 1998 were not available for review. For this reason, the review period began with May 1997. In addition, the billing records for May 1998 had not been received and processed as of the date of this report. The eleven months that were reviewed were totaled and annualized to create a twelve month profile.

Since gender is not included on the rosters, adult male inmates were identified from inmate rosters using the first name as an indicator. Adult males comprise 58 percent of the population billed, and thus 58 percent of the total costs.

A factor of 38.55 percent, as determined by analysis of the data reported above from the Rio Arriba County Detention Center, is then used to project a cost for substance abuse and mental health related charges for adult male inmates housed in the Santa Fe County Detention Center. Charges for inmates are recorded at the Santa Fe County Detention Center. These were requested of Cornell Corrections but could not be obtained at this time. It is therefore recommended that Rio Arriba County request that this information be routinely included as a part of the billing records so that this information will be available in the future.

Rio Arriba County Costs for Housing Rio Arriba County Adult Male Inmates at the Santa Fe County Detention Center with Substance Abuse and Mental Health Related Charges

Actual Cost to House Adult Inmates for 11 Months Using Available Billing Data	$158,594
Annualized, 12 Month Projected Cost to House Adult Inmates	$173,012
Adult Male Inmate Days (from 11 Months' Data, using first names as indicator of gender)	[1] 1,170
Annualized, 12 Month Cost to House Adult Male Inmates ($173,012 × 58 percent)	$100,347
Annualized Projected 12 Month Cost for Substance Abuse and Mental Health Related Charges for Adult Males ($100,347 × 38.55 percent)	$38,684

[1] 58 percent of total.

As is shown in the table above, the annualized, projected 12 month cost to house Rio Arriba County adult male inmates (who for lack of space in the Rio Arriba County Detention Center are held elsewhere) in the Santa Fe County Detention Center is $100,347. Of this amount, $38,684 is estimated to be for substance abuse and mental health related charges.

San Miguel County Detention Center

Billing records were examined from the San Miguel County Detention Center for the period of June 1997 through May 1998. Records for February 1998 were not available for review. Since the February 1998 billing information was not available, the eleven months that were reviewed were totaled and annualized to create a twelve month profile.

Since gender is not included on the rosters, adult male inmates were identified from inmate rosters using the first name as an indicator. One of the eleven months of billing information did not have inmate rosters attached, so ten months of rosters were used to establish these male/female ratios. Adult males comprise 75.5 percent of the population billed, and thus 75.5 percent of the total costs.

A factor of 38.55 percent, as determined by analysis of the data reported above from the Rio Arriba County Detention Center, is then used to project a cost for substance abuse and mental health related charges for adult male inmates housed in the San Miguel County Detention Center. As with Santa Fe County, it is also recommended that Rio Arriba County request of San Miguel County that criminal charge information be routinely included as a part of the billing records so that this information will be available in the future.

Rio Arriba County Costs for Housing Rio Arriba County Adult Male Inmates at the San Miguel County Detention Center with Substance Abuse and Mental Health Related Charges

Actual Cost to House Adult Inmates for 11 Months Using Available Billing Data	$86,269
Annualized, 12 Month Projected Cost to House Adult Inmates	$94,112
Adult Male Inmate Days (from 10 Months' Data, using first names as indicator of gender)	[1] 695
Annualized, 12 Month Cost to House Adult Male Inmates ($94,112 × 75.5 percent)	$71,055
Annualized Projected 12 Month Cost for Substance Abuse and Mental Health Related Charges for Adult Males ($71,055 × 38.55 percent)	$27,392

[1] 75.5 percent of total.

As is shown in the table above, the annualized, projected 12 month cost to house Rio Arriba County adult male inmates (who for lack of space in the Rio Arriba County Detention Center are held elsewhere) in the San Miguel County Detention Center is $71,055. Of this amount, $27,392 is estimated to be for substance abuse and mental health related charges.

Colfax County Detention Center

During the period in review, the Colfax County Detention Center held one inmate for Rio Arriba County from November 21, 1997 to May 6, 1998. This inmate was incarcerated for substance abuse charges. The total cost was $11,787 as indicated on billing records, which also included medical costs for the inmate.

City of Espanola Detention Facility

The City of Espanola Detention Center also holds inmates for Rio Arriba County. Many of the inmates are held for very short periods of time (less than a day) and transported to the Rio Arriba County Detention Center for incarceration or to Magistrate Court for arraignment. Some female inmates are also held here for short periods of time. Billings are therefore not based on inmate days, but on various hourly rates. From billing records of four months that could be examined, the monthly charges for all inmate categories and charges ranges from a low of $1,584 to a high of $8,694, with monthly Rio Arriba County inmate totals ranging from 55 to 70.

The four months of data that could be examined have been annualized below. Because of the hourly billing procedures, inmate days are not easily determined. However, adult male inmates were identified by first name and a ratio used to determine costs prorated for adult male inmates for the year. A factor of 38.55 percent, as determined by analysis of the data reported above from the Rio Arriba County Detention Center, is then used to project a cost for substance abuse and mental health related charges for adult male inmates housed in the City of Espanola Detention Center. As with Santa Fe County, it is also recommended that Rio Arriba County request of the City of Espanola Detention Center that criminal charge information be routinely included as a part of the billing records so that this information will be available in the future.

Rio Arriba County Costs for Housing Rio Arriba County Adult Male Inmates at the City of Espanola Detention Center with Substance Abuse and Mental Health Related Charges

Actual Cost to House Adult Inmates for 4 Months Using Available Billing Data	$25,398
Annualized, 12 Month Projected Cost to House Adult Inmates	$76,194
Adult Male Inmates (from 4 Months' Data, using first names as indicator of gender)	[1] 224
Annualized, 12 Month Cost to House Adult Male Inmates ($76,194 × 86.8 percent)	$66,136
Annualized Projected 12 Month Cost for Substance Abuse and Mental Health Related Charges for Adult Males ($66,136 × 38.55 percent)	$25,495

[1] 86.8 percent of total.

As is shown in the table above, the annualized, projected 12 month cost to house Rio Arriba County adult male inmates (who for lack of space in the Rio Arriba County Detention Center are held elsewhere, and in the case of Espanola Detention, are housed for short periods of time awaiting transport to Tierra Amarilla) in the City of Espanola Detention Center is $66,136. Of this amount, $25,495 is estimated to be for substance abuse and mental health related charges.

Medical Procedures for Inmates

Rio Arriba County Detention Center pays for medical care provided to its inmates. Calculation of medical costs for substance abuse and mental health related incidents has not been done as a part of this project because of the complications of dealing with confidential medical information. The billings to the detention center do not include diagnosis information as this would violate confidentiality requirements. It is possible that these data could be tracked by inmate and matched with criminal charge, which would allow at least all medical care costs to be calculated for inmates incarcerated under one of the charges in this study. However, to do this manually is a very large research task that falls beyond the scale of the present study. It also would not capture substance abuse and mental health care provided for other inmates. Clearly, this area requires further study.

Medical cost data that could be collected within the present project are reported below and include overall medical costs to the detention center as billed by the clinics who serve these patients. In order to project a cost related to substance abuse and mental health related inmates, the factor of 38.55 percent (determined above from detention center charges) is used to prorate each aggregate medical cost. It should be noted that this rate produces a very conservative estimate of substance abuse related costs for two reasons. It is known that substance users or abusers use a disproportionately high level of medical care, both physical and behavioral. In addition, this ratio accounts only for projected medical costs of inmates held for substance abuse related criminal activity, not for substance abuse related costs of other inmates.

La Clinica del Pueblo de Rio Arriba

Information on medical costs for inmates of Rio Arriba Detention was received from La Clinica del Pueblo de Rio Arriba. The total of all charges for June 1, 1997 through May 31, 1998 for medical care of all types was $8,378.69 for 182 encounters; 38.55 percent of total medical costs: $3,229.98.

Health Centers of Northern New Mexico (Chama)

Information on medical costs for inmates of Rio Arriba Detention was received from Health Centers of Northern New Mexico. The total of all charges for June 1, 1997 through May 31, 1998 for medical care of all types was $5,779.23 for 94 encounters, 89 male, 5 female. The male prorated amount is $5,471.77 (94.68 percent); 38.55 percent of total medical costs: $2,109.36.

Other Providers.—It is unknown what portion of the costs for other providers is related to substance abuse and mental health related charges. However, the following amounts were paid or projected for a twelve month period:

Rio Drugs of Chama: information was obtained from year to date billings. From calendar year 1997, one half ($5,568.35) of total charges ($11,136.69) was used. From calendar year 1998, information on costs through June 6 ($4,206.63) was projected as a six month total of $4,853.82. The combined total of $5,568.35 and $4,853.82 is $10,422.17.

Dr. Ray Martin (dental): total charges during the period under review: $937.00.

Dr. Gabriela Munoz: total charges during the period under review: $167.35.

Combined medical costs to Rio Arriba Detention Center from these three providers is $11,526.52. As was noted, it is unknown what portion of this cost is related to substance abuse and mental health charges or reasons. It may be appropriate to study these issues in further detail in the future. For substance abuse and mental health related projections for this study, 38.55 percent of total medical costs is $4,443.47

SUMMARY AND RECOMMENDATIONS

Summary

The total detention related costs to Rio Arriba County for adult males—as reported in the body of this document—of substance abuse and mental health related charges, as well as projected medical costs for these inmates, are summarized and reported in the table below.

Rio Arriba County Costs to Rio Arriba County Originating from Detention of Adult Male Inmates Due to Substance Abuse and Mental Health Related Charges and Costs Related to Medical Care of these Inmates—June 1997 through May 1998

Source of Cost	*Cost*
Rio Arriba County Detention Center	$457,674
Santa Fe County Detention Center	38,684
San Miguel County Detention Center	27,392
Colfax County Detention Center	11,787
City of Espanola Detention Center	25,495
La Clinica del Pueblo de Rio Arriba	3,230
Health Centers of Northern New Mexico	2,109
Other Health Care Providers	4,443
GRAND TOTAL	570,814

As is clear from this table, the financial costs to Rio Arriba County, through detention, for substance abuse and mental health related charges are substantial.

Recommendations

Shaening and Associates recommends that a computerized data system be put in place in the Rio Arriba County Detention Center to track, in an integrated fashion, all cost and assessment data, including charge, length of stay to date, bond and sentence information, medical assessment information as reported by inmate, medical costs for each inmate, and the many other items of use to Detention Center administrators and the County. It is recommended that this system be linked to a similar system in the Magistrate Court that tracks court proceedings and outcomes. A similar linkage to the County's main office may serve the interests of all by making the accounts payable function automated for reporting and record-keeping functions of these large sums of dollars.

Information on underlying charges and remand to custody status can be automatically added to client records through an integrated computer system linked to Magistrate Court. Until this is a reality, Shaening and Associates recommends that this information be recorded on a centralized or master list of inmates that does not otherwise add to the record-keeping burden of detention staff. This will allow the collection of not only the kinds of information in this report, but will have other uses as well.

Shaening and Associates recommends that incident data for protective custody and mental hold cases, without identification of individuals, be kept by the detention center so that costs associated with these situations can be determined in the future.

Shaening and Associates recommends that the County request other detention centers that bill Rio Arriba County for housing inmates to include information on charges as a routine part of the monthly billing process. No data on criminal charges for inmates held in other detention centers, male or female, are currently available to the Rio Arriba County Detention Center. It is possible that this information is available manually from Magistrate Court, but even so, an automated listing from other detention centers requires only a different report format. It is unknown whether there is a reason to also request further information from Santa Fe County Detention Center on juvenile detainees, but this should be considered as to pro's and con's, as well as the legal and confidentiality issues this would create.

As noted previously, there were many observed substance abuse related narratives in the arrest reports of individuals not otherwise counted in these data. The data reported here for detention costs relate to specific criminal charges only, and are therefore quite conservative in relation to the true impact of substance abuse and mental health related costs. To obtain a true picture of the impact of substance use on the County budget for detention, it would be necessary to read the arrest and assessment documents for a large sample of inmates. However, this is a large undertaking and probably is not necessary for the present project.

Senator DOMENICI. Thank you very much. I must confess to you all that having been a Senator for 26 years, it means that I am showing my age, and so we are going to have you talk, but first we are going to have a recess, and if any of you needs a recess, you can avail yourself of it. If not, we will start back up in about eight or nine minutes. We are in recess.

[A brief recess was taken.]

Senator DOMENICI. We are going to proceed now with your talk about the plan. Can you do that in 10 minutes?

Ms. REICHELT. Yes.

Senator DOMENICI. I would appreciate it very much. We are going to start. We have 10 minutes remaining with this panel, and then we will go with your State witnesses. Will you please proceed.

Ms. REICHELT. Senator, I thank you for the opportunity to testify and, like our county manager, I have never even talked to a Senator, let alone testified, so it's a real honor and very intimidating.

Senator DOMENICI. You talked to me before. You didn't seem intimidated.

Ms. REICHELT. Right. I am the Director of County Health and Human Services Department for the County of Rio Arriba, and it's my job to try to assist our health and human-service providers to coordinate their activities. Originally we didn't start out to address the substance abuse problem. We began with the project called ArribaCare, which was an attempt to create a county-wide health care financing system, probably insurance, to finance primary health care for the medically indigent. What we very quickly found was we were looking at the indigent funds as a course of money for this, but we found that we could not even begin to think about using the indigent funds to finance primary care until we addressed the substance abuse problem. The reason for this is that the bulk of—we don't know the exact number. I am just guessing—it's just almost all of the hospital's unreimbursed costs are due to substance abuse, and so if we do that, we would cause a collapse of the hospital, which certainly wasn't our intent. I would just like to say that ArribaCare is a project of Robert Johnson—the policies and the funding. Robert Johnson was down here for this event.

So as a result of that, we felt we had to create a secondary objective to ArribaCare, which is create an integrated prevention and treatment system, which is needed for emergency care, and which is totally relevant. We began by addressing the issue of planning around substance abuse. The planning method that we used was unique in that instead of beginning with activities to address need or demands, we began with creating outcomes or measures of success, and I would like to say right off the bat that this was an extremely participatory process, especially for the short period of time that we had to do it. We convened two workshops where we had all of our major providers represented, and just interested parties as well. We disseminated the plan to about 300 people with instructions for how to proceed. We went to different areas of the county and made the plan available for comment to the Chama Valley Health Coalition and to the DWI Counsel to include law enforcement and the people from the north. The final result was approved by the County last week.

When we say we began with the indicators, what we did was we asked the participants to set criteria for success around the strategy that we targeted what we wanted to work with. So one of the problems that we have had with substance abuse and substance abuse treatment and prevention in Rio Arriba County is we've been spending a lot of money because we don't have evaluation in many cases as part of the program, and we don't exactly know what outcomes we are striving to achieve. The providers set very clear targeted outcomes, and I believe that this is really going to improve the quality of services in Rio Arriba County. I would like to say a little bit about the content of the plan.

Senator DOMENICI. What kinds of services will they improve?

Ms. REICHELT. It will improve both prevention and treatment services, and if I can expand on that a little bit by turning to the plan, for example, and this is on page 16 under "Education and Information Dissemination." Some of the outcomes that were created were improvement in academic performance of participants in substance abuse education programs. In other words, what we are asking for the State and the Federal Government to do is to look at that criteria when they fund the program. If it is not actually improving the behavior of the participants in the program, as opposed to just self-reporting that they feel better, then it's not an effective program. Let's see if I can find another one in here.

There is quite a lot, I think, in terms of outcomes that we listed under treatments. Primarily under treatment, we really looked at access and creating a scope of treatment and that speaks more to coordination and availability of services.

So if I skim just a little bit to the contents of the plan, what the providers agreed upon is that there are three strategies that we want to target for new activities and new funds this year. They want to fund treatment identification and referral and environmental strategy. What this means, treatment means treatment for substance or alcohol abuse, and we really have a poly-substance problem. We don't want to look at it as a heroin problem or an alcohol problem. We want to look at it as a substance dependency problem because we are finding that most of the people who present with poly-substance symptoms and——

Senator DOMENICI. What if they're just heroin users and not alcoholics?

Ms. REICHELT. If they are just heroin users, they can be treated simply for heroin, but in terms of funding it, one of the problems we have right now is a lot of the funding is categorical. For example, we have an alcoholism treatment center, that if they want to treat heroin addicts, they have to first prove that the patients are alcoholics. We want to get away from the problem and just be able to treat individuals for substance abuse problems, whether it's alcohol or heroin, whether they are youth or whether they are older.

Senator DOMENICI. Well, that sounds great, but treating alcoholics is different than treating heroin addicts, and whenever you have a program to treat heroin, then you are suggesting that won't work unless it was poly—whatever you called it?

Ms. REICHELT. No, I am not suggesting that. What we need to do is to create more of, I think, a continuum of treatment so that whatever somebody has, they can be treated for it. We want to eliminate the gaps in services, and to have the treatment providers coordinate with one another so that individuals do not have to go to a different place to be treated, say, for heroin than treated for alcohol. Or at least it's nearby, so that if someone does present with both problems, that it's possible to treat them for both problems.

Senator DOMENICI. Do we have some kind of a problem here where the people who treat for alcoholism are concerned that they won't be funded, because we are going to fund heroin treatment?

Ms. REICHELT. I would actually like to refer that one, if you don't mind, to Lorenzo as a former treatment provider.

Senator DOMENICI. Let's don't do that. Let me just do this. We are going to make your plan a part of the record, as you say, but your time is very close. I want to ask a couple of very practical questions of any of the three of you. You know I have spent a great deal of time, whether I am right or wrong, I don't know, trying to get the Feds and State to focus on making available, consistent with the local needs, the maximum resources to help address this issue. Now frankly, I think we are in a position where when you finish hearing from the cabinet people, and you have heard the Federal people, I think they are going to say we are ready to do that. Now, what I am now beginning to worry about is are you ready for them to do that? I think it's very important that you all decide who it is that is going to be in charge of this program, and if it's more than one entity, then at least there ought to be somebody that recognizes that there's more than one. They are all trying to do the same thing. They are not trying to double up, and you already have a competition between two countywide planning organizations. It's not for me to decide, but you have Rio Arriba Family Care Network and you have La Vision del Valle, and frankly, sooner or later it seems to me somebody has to decide if the Feds and the State are going to be saying "We want to come down here and work with you to get the resources in," they have to know with whom to deal. I think being a good manager, you know that, and I don't care if you tell me today, but I want to make the point that sooner or later, that must happen.

Mr. Valdez. We are local government. We have our responsibilities to create plans for all manner of activities in the County, including land use, health, everything that impacts the health, safety and welfare of our community. We are not giving our responsibility to anyone. I have attended meetings with La Vision del Valle. There are a lot of good people there. I am aware of RAFCN—same thing there.

The Board of County Commissioners, before this issue arose 2 years ago, signed and passed the resolution designating Rio Arriba Family Care Network (RAFCN) as the health care council to the Commission. At that time, La Vision was not organized, and we were encouraging everyone to come to the table to help us plan, excluding no one.

Ms. Reichelt. I would also like to say something about the structure of the relationship between the County and Rio Arriba Family Care Network. The Rio Arriba Family Care Network has members which pay a member fee and belong to a particular category, so we know there is commitment, and 51 percent of their government board has to be made up, at any time, of local resident direct service providers, which means that they must have an office in Rio Arriba, provide services in Rio Arriba and 69 percent of their government body must be residents in Rio Arriba. The reason why this arrangement has worked out with the providers was, first of all, the providers do not want to come under the County because they are afraid of patronage, and this was an arrangement the County worked out to ease their concerns, and secondly, because we need to have an entity that the Commission feels sure is responsive to the people of Rio Arriba County.

[The information follows:]

Adoption of Rio Arriba Strategic Plan for Substance and Alcohol Abuse and Treatment

RESOLUTION 1999–61

Whereas, the Rio Arriba Maternal Child Health Council listed substance and alcohol abuse and their corollary impacts as the greatest threat to the health of the residents of Rio Arriba County in their most recent county-wide needs assessment.

Whereas, the Rio Arriba Family Care Network has determined that ArribaCare cannot be successfully implemented without reducing un-reimbursed hospital costs, and has determined that substance and alcohol abuse are the greatest contributors to that cost.

Whereas, the State of New Mexico leads the nation and the County of Rio Arriba leads the state for per capita deaths attributed to heroin overdose.

Whereas, the incidence of deaths attributed to homicide for both men and women leads New Mexico at over three times the statewide rate.

Whereas, cirrhosis in men is a leading cause of death at over three times the statewide rate.

Whereas, Rio Arriba ranks third among New Mexico counties in deaths of men from alcohol-related accidents and fourth in suicide.

Whereas, Rio Arriba County ranks ninth for alcoholism, diabetes and HIV-AIDS related deaths, primarily from injection-drug use.

Whereas, the Rio Arriba Years of Potential Life Lost (YPLL) index surpasses the state by 116.0 to 81.5. Three of the top four causes of death in Rio Arriba resulting in the highest YPLL are accidents, homicide and suicide.

Whereas, these corollary impacts of substance and alcohol abuse both increase the cost of health care and decrease the quality of life for all Rio Arribans.

Whereas, the County of Rio Arriba spent a minimum of $570,814 housing inmates for crimes directly related to substance abuse over a one-year period from June, 1997 to May 1998.

Whereas, the County of Rio Arriba is currently spending $2,965,975 out of a total operating budget of $10,186,875 on enforcement. It is likely that tax-payers are spending at least $1,143,383, or 10 percent, of the County's operational budget, and probable that they are spending $2.2 million, or 20 percent, on substance and alcohol abuse-related enforcement costs.

Whereas, The United States loses $37 billion per year from alcohol-related illnesses and injuries, and $8 billion per year to illness and injury caused by drugs. Approximately $11 billion of total U.S. health care costs are the result of alcohol abuse. Another $4 billion are caused by the abuse of other drugs. In addition, we spend $16 billion on crimes related to property loss caused by alcohol abuse and $46 billion on crimes related to property loss caused by other drugs. The County of Rio Arriba spends proportionally more per capita on substance abuse than the national average.

Whereas, a recent report by the California Department of Alcohol and Drug Programs showed that for each dollar spent on substance and alcohol abuse treatment, seven dollars is saved in crime and health care costs. California has spent $209 million on treatment and has estimated savings of $1.5 billion. Studies in Oregon have showed that once treatment was initiated, arrest rates dropped, as did use of the welfare and food-stamp systems. In fact, the study showed that wages increased by 65 percent as a result of treatment. Medical costs decreased simultaneously. Thus, every tax dollar spent on treatment produced $5.60 in avoided costs to the taxpayer. Similarly, Minnesota found that introduction of substance abuse treatment resulted in a 65 percent decrease in cost to the state through decreased utilization of health care facilities and prisons.

Whereas, according to the New Mexico Department of Health, local providers received $780,448 for prevention of substance and alcohol abuse in fiscal year 1997–98, a per capita expenditure of $20.77. This represents the third highest per capita expenditure on substance abuse prevention in the state of New Mexico. Rio Arriba also surpasses the state-wide average for treatment services.

Whereas, at the same time, according to the New Mexico Department of Health, in fiscal year 1997–98 Rio Arriba's outcome indicators for substance abuse (mortality, DWI and Crashes/Fatalities) were the second worst in the State.

Whereas, all major Rio Arriba providers of substance and alcohol abuse prevention and treatment, as well as Rio Arriba providers of primary and emergency care gave generously of their time to participate in the County's planning effort.

Whereas, representatives of justice and law enforcement were also included in the planning process through the DWI council, and representatives of the North County were included through the Chama Valley Health Coalition.

Whereas, the process was science-based and comprehensive and participants were able to reach consensus on the need for improved coordination of prevention and treatment services as well as on the contents of a plan.

NOW, THEREFORE, BE IT RESOLVED that The Board of Rio Arriba County Commissioners, representing the tax-payers and citizens of Rio Arriba County, has determined that addiction has become an epidemic in Rio Arriba County and must be addressed as an emergency using the principals of public health and epidemiology. This entails an inclusive planning process leading to a system of substance and alcohol abuse and prevention which is integrated into primary and emergency care. The Board of Rio Arriba County Commissioners adopts the Rio Arriba Substance and Alcohol Abuse Prevention and Treatment Plan as its official county plan for purposes of all health and human planning efforts and for coordination of new and existing services. The Board of Rio Arriba County Commissioners strongly urges relevant state and federal agencies and private foundations to require conformance with this plan as a condition of funding for substance and alcohol abuse prevention and treatment in the County of Rio Arriba.

Passed, adopted and approved this 25th day of March, 1999.

BOARD OF COUNTY COMMISSIONERS,
RIO ARRIBA COUNTY, NEW MEXICO.

ALFREDO L. MONTOYA,
Chairman, District II.

MOISES A. MORALES,
Commissioner, District III.

RAY R. TAFOYA,
Commissioner, District I.

ATTEST: Fred Vigil, County Clerk.

Rio Arriba Strategic Plan for Substance and Alcohol Abuse Prevention and Treatment

EXECUTIVE SUMMARY

Providers agreed to target three strategies for new activity. These include Environmental, Treatment, and Identification & Referral. We are requesting your assistance locating funding for these strategies.

We agree that consensus and coordination are essential to our success. We request that future funding be dependent upon our ability to demonstrate that: (1) the proposed activity addresses an actual need; (2) that the activity is an effective activity; and (3) that the activity is in conformance with the County's strategic plan.

We agree that Rio Arriba must establish formal protocols and procedures for future planning efforts. Protocols must include the County's efforts at community planning, as well as provider attempts to initiate activities that impact one or more local governments. The County is working with the community and its providers to establish internal protocols. The County will work with local school boards, neighboring counties, local municipalities, tribes and regional entities such as the Regional Care Coordinators to establish multi-entity protocols.

We request that state and federal funding agencies uphold protocols. We have agreed to hold off on creating new alternative activities until protocols are in place since these activities frequently impact more than one local government, and are resource-intensive. We exempt after-school care from this category as it usually falls under the auspices of a single entity such as a school district, and is sorely needed. We do request assistance locating resources for quality after-school care and child care.

We recognize the need to evaluate educational prevention activities. We request federal assistance conducting this evaluation. We also request that either the county or its local health council conduct the evaluation in order to insure both local control and neutrality.

We recognize the need to distribute educational prevention activities fairly throughout the County. We request the assistance of state and federal funding agencies in this matter.

Rationale for a County-Wide Substance Abuse Prevention and Treatment Plan in Rio Arriba County, New Mexico

In 1996, the Rio Arriba Maternal Child Health Council (RAMCHC) identified substance abuse and its corollary impacts as the greatest threat to the health of County residents. The incidence of deaths attributed to homicide for both men and women leads New Mexico at over three times the Statewide rate. Cirrhosis in men is also a leading cause of death, again at triple the state rate. Rio Arriba ranks third among New Mexico counties in deaths of men from alcohol-related accidents and fourth in suicide. Alcoholism, diabetes and HIV-AIDS related deaths, primarily from injection drug use, all ranked ninth. Besides homicide and cirrhosis, the greatest incidence of death for women is diabetes mellitus, which is related to poverty and lack of access, but which can be exacerbated by substance and alcohol abuse.

Many years of potential life are lost due to conditions related to substance and alcohol abuse. Rio Arriba years of potential life lost index (YPLL) surpasses the state by 116.0 to 81.5. The top three causes of death in Rio Arriba resulting in the highest YPLL are accidents, homicide, suicide and malignant tumors. Rio Arriba is the second highest county for DWI deaths. New Mexico leads the nation in per capita deaths from heroin overdose, and Rio Arriba leads New Mexico.

The Rio Arriba Maternal Child Health Council (RAMCHC) recently commissioned a study to determine the cost of substance abuse to tax-payers in Rio Arriba County. Shaening and Associates examined the costs of adult males incarcerated for charges directly related to substance abuse and behavioral health such as DWI, narcotics trafficking, domestic violence, etc. They considered only that data which was housed at the TA detention center. They did not look at data for females or juveniles since it was not locally available. They also did not consider data for charges indirectly involving substances such as breaking and entering, since that data is housed elsewhere as well. The most conservative possible estimates were used in all cases. Hence, it can be assumed that our figures are the lowest possible estimate of the cost of substance/alcohol abuse to the County of Rio Arriba.

Shaening and Associates determined that 38.55 percent of all inmate days at the T.A. detention center are the direct result of substance/alcohol abuse and other behavioral health problems, resulting in a cost to the County of $570,814. This does not include administrative costs associated with holding these inmates, nor does it include the cost of their apprehension. The RAMCHC studied the period from June 1, 1997 through May 31, 1998.

The Rio Arriba County Sheriff's Departmental budget for the current fiscal year is $1,108,426. Detention center costs for the current fiscal year are $1,857,549. This means that the County is spending a total of $2,965,975 out of a total operating budget of $10,186,875 on enforcement. In other words, Rio Arriba, an impoverished County, is forced to spend 29.1 percent of its total operating budget catching and locking up criminals. If we estimate that 38.55 percent of the enforcement budget is the result of substance/alcohol abuse, we can say conservatively that local taxpayers are spending $1,143,383 or 10 percent of the County's operational budget holding substance abusers. This is money that cannot be used for schools, economic development, health care, roads, etc.

Because this study is preliminary, and we still lack data about juveniles, women and other offenses, it is safe to assume that our figures are extremely low. It is likely that the true figure is closer to 20 percent, or approximately $2.2 million.

According to the New Mexico Department of Health, local providers received $780,448 for prevention of substance and alcohol abuse in fiscal year 1997–98, a per capita expenditure of $20.77. This represents the third highest per capita expenditure on substance abuse prevention in the state of New Mexico. Likewise, Rio Arriba County is outspending the rest of the state in substance abuse treatment. At the same time, in fiscal year 1997–98 our outcome indicators for substance abuse (mortality, DWI and Crashes/Fatalities) were the second worst in the state. High expenditures and poor outcomes indicate a lack of planning and oversight within this area.

The Board of Rio Arriba County Commissioners believes that addiction has become an epidemic in Rio Arriba County, and that we can only end the epidemic through a public health approach. This entails an inclusive planning process leading to a system of substance and alcohol abuse and prevention which is integrated into primary and emergency care. A coordinated service delivery system will result in a reduction in substance abuse rates in Rio Arriba County.

All of Rio Arriba's constituents are adversely impacted by this epidemic. Substance abuse depresses the local economy, impedes learning in the schools, decreases safety on the roads and in communities, and drives up the cost of health care astronomically. The Board of Rio Arriba County Commissioners believes it must provide leadership and direction to attack the epidemic.

THE PLANNING PROCESS

The County of Rio Arriba has conducted its strategic planning process in collaboration with its designated local health council, the Rio Arriba Family Care Network (RAFCN). RAFCN contracted all facilitators, provided meals, equipment and materials, and prepared packets and mailings for all meetings. Beth Leopold of the Northern New Mexico Health Care Alliance, and Ron Hale of Hale and Associates, were contracted by RAFCN to lead Rio Arriba providers through a "Systems Thinking" process. We were also assisted by Christino Griego, the San Miguel DWI Coordinator.

The object of Rio Arriba's planning process has been to assist providers to develop a science-based substance abuse prevention and treatment plan. The plan should aid us to integrate prevention and treatment into the primary and emergency care system.

Before embarking upon any planning activities, RAFCN and the District II Public Health Office jointly encouraged potential participants to attend the New Mexico Department of Health Behavioral Service Division (BHSD) Espanola workshop on effective prevention strategies. Participation in the BHSD workshop was heavy and included many of the planning partners.

Our planning tool made use of eight potential strategies: Environmental, Community Processes, Identification and Referral, Alternative Activities, Education and Information Dissemination, Treatment, Sustained Coordinated Effort, and Youth Development as Primary Prevention. The first five strategies are CSAP (Center for Substance Abuse Prevention) strategies, and are listed in order of proven effectiveness. Three more strategies were added because research has consistently proven their necessity: Treatment, Sustained Coordinated Effort, and Youth Development as Primary Prevention. In an ideal world, the CSAP strategy Community Processes would encompass Sustained Coordinated Effort. Similarly, the strategy Youth Development as Primary Prevention could be subsumed under the CSAP strategies Education and Information Dissemination, and Alternative Activities. We added these categories because Rio Arriba has not yet approached the ideal, and we wished to emphasize the purpose of the CSAP strategies. In other words, we wished to emphasize that Community Processes should lead to Sustained Coordinated Effort. Alternative Activities and Education/Information Dissemination should lead to Youth Development as Primary Prevention.

Initially, we convened a small group of providers to set the workshop agenda. We then convened larger groups of providers, representatives of community organizations and interested citizens for two full-day workshops. In the first workshop we established a common aim: to reduce substance and alcohol abuse in Rio Arriba County, New Mexico. We then examined current substance abuse reduction activities (the resource assessment) and current gaps in services (the needs assessment). Finally, we began to work with participants to describe and identify outcome indicators.

The systems thinking approach to strategic planning is unique because it encourages the group to identify measures of success before activities. First we all reached consensus regarding our group definition of success. We agreed upon outcome indicators to measure our success. Only then did we begin to ask ourselves what sort of activities would move the outcome indicators, or produce success.

Focussing on the indicators before discussing activities insures that two things will happen: (1) The group will select activities designed to improve outcomes rather than competing over pet projects; and (2) the group will be encouraged to engage in continuous evaluation and adjustment instead putting off evaluation until project completion (the usual scenario).

In our second workshop, we established general criteria for a good plan. We then identified criteria for selecting our target strategies and selected those strategies. Finally, we re-visited our outcome indicators for those strategies, and selected activities designed to move those indicators.

A wide variety of providers attended our workshops. This included representatives of two school districts (Mesa Vista and Espanola), the Espanola Hospital, Hoy and Rio Grande Treatment Centers, Delancey Street, Pinon Hills, all three Rio Arriba Clinic systems, private practitioners, JPO, Rio Arriba DWI, North Central Community Based Services, Hands Across Cultures, Chimayo Crime Prevention Organization, Rio Arriba Works, The RAMCHC, the National Association for the Mentally Ill, the Welfare Reform Council, the Rio Arriba Detention Center, Las Cumbres and the Public Health Office. Representatives of the Pueblos chose not to participate as they preferred a Native American carve-out. The County of Rio Arriba agrees to support this alternative.

In order to insure that the planning process is inclusive, reaching rural communities, law enforcement, youth and other populations, we will conduct mini-workshops allowing for refinement of the plan. Mini-workshops and presentations will be conducted for the Rio Arriba DWI Council, the ArribaCare Steering Committee, the Chama Valley Health Coalition, and for youth. The Board of Rio Arriba County Commissioners considers this plan to be an evolving document, and will refine and revise it frequently.

THE PREVENTION/TREATMENT CONTINUUM

The New Mexico Department of Health (DOH) defines the substance abuse service delivery continuum in the following manner:

- Prevention—Universal: services are aimed at the entire population; Selective: services target subgroups of the general population that are determined to be at risk for substance abuse; and Indicated: services target individuals who are identified as at-risk.
- Treatment.
- Maintenance.

The DOH recommends that a full continuum of services be made available to the community. We summarized this information at the beginning of our planning workshop and posted it on the wall. An examination of the needs and resource assessments accompanying the strategic plan reveals huge gaps in selective and indicated prevention as well as treatment and maintenance. Examination also reveals an overabundance of universal strategies being applied in the schools, especially in and around Espanola. The indicators and activities selected under two strategies, Identification and Referral, and Education, are specifically designed to focus attention on selective and indicated prevention while discouraging the multiplication of universal services.

OTHER DOH CRITERIA

The DOH has identified the following components as essential to effective prevention strategies:

- They reduce risk factors for substance abuse while increasing protective factors.

—They target all substances.
—They are based on an assessment of the problem and the population.
—They vary in intensity based on the type of problem.
—They are interactive (for youth).
—They are culturally appropriate.
—They are science-based.
—They have specific, realistic goals.
—They have buy-in from key players and decision makers.
—They are monitored and evaluated.
—They involve families.
—They build skills.

These components were summarized prior to the workshops and posted on the wall. They are consequently reflected in the Rio Arriba Strategic Plan.

CRITERIA FOR A SUCCESSFUL PLAN

The following criteria was selected by participants as essential for a successful Rio Arriba plan:

—Applicable to diverse communities.
—Possible, realistic, attainable.
—Inclusive (e.g. youth, law enforcement, people in the north).
—Language has to make sense to the community; can't be just jargon.
—Process for local participation, continuous feedback and revision
—Process for cooperation with RCC, Santa Fe, Taos and other neighboring counties, City of Espanola and Village of Chama.
—Continuous tracking of progress in measurable terms.
—Culturally appropriate.

TARGET STRATEGIES

We asked the group first, to select criteria for target strategies. They chose the following criteria:

—Strategy must be a foundation strategy upon which others are built.
—Should build upon and improve what is in place.
—Must be collaborative with broad impact.
—Must be flexible, able to change and refine activities (without bailing out too soon).
—Must be comprehensive to include prevention, treatment and maintenance.

They then used these criteria to select target strategies. Environmental, Identification and Referral, and Treatment were selected as high priority "foundation" strategies. The group agreed that there were significant gaps in these areas that must be addressed before other strategies could be made successful. In addition, the group selected two strategies for refinement. These were Community Processes and Education and Information Dissemination. It was agreed that there is a great deal of current activity in these areas that needs evaluation, improvement and direction.

The group agreed that Sustained Coordinated Effort should be included with Community Processes. The group also agreed to include Youth Development as Primary Prevention under Education.

Two CSAP strategies, Education (which is primarily interactive) and Information Dissemination (which is not interactive) had been combined into a single strategy. The group agreed to focus on Education because it has been shown to be more effective than Information Dissemination, and to discourage Information Dissemination as the least effective of all CSAP strategies. It was agreed that resources are not fairly distributed throughout the County, resulting in too many uncoordinated activities in the Espanola Schools and a lack of activity in rural districts. The County is therefore requesting assistance from state and federal granting agencies to redistribute those activities.

Finally, it was agreed that Alternative Activities, although exceedingly important, should not be targeted during the current fiscal year for several reasons:

—Research has repeatedly demonstrated that alternative activities are only effective in combination with other strategies. It was therefore agreed that these activities should be addressed after other strategies.
—Research has demonstrated that alternative activities are often the most expensive prevention strategies, diverting funding from more effective measures.
—The most important ingredient of successful alternative activities as prevention is adult supervision. It was suggested that we consider piloting small, affordable educational projects involving adult-child interaction that can possibly be expanded later.

—No formal protocol currently exists to facilitate collaboration amongst local governments on large projects resulting in frequent project failure. This problem is especially acute in the south, since the Espanola Valley straddles two counties, one municipality, and several pueblos and school districts. It was agreed that the community should wait to address large-scale alternative activities until protocols have been established for inter-governmental agreement.

TIME FRAMES

The timeline for the Commission's initial approval of this plan is extremely short due to Federal and State funding time frames. A preliminary plan must be presented to Senator Domenici's office no later than Wednesday, March 24 for inclusion in testimony of the March 30 Senate Subcommittee hearing. Procrastination beyond this date will prevent the Senator from working to insure that potential federal resources are targeted for substance abuse in Rio Arriba County in the coming fiscal year.

A preliminary plan must be submitted to the Secretary of Health at the end of the same week. The Secretary has stated repeatedly that no new funds for prevention or treatment will be allotted to Rio Arriba County until it produces a plan.

The County Commission will officially hear the plan at its regular March meeting. The official plan will then be put before other local governments and boards of directors for dialogue, continuing refinement, and ratification.

Aim: To reduce substance and alcohol abuse in Rio Arriba County and its adjacent communities.

Current Substance Abuse Reduction Activities in Rio Arriba County, New Mexico

(ASSESSMENT OF RESOURCES)

Environmental[1]

Presumptions: alcohol not a drug; DENIAL.

What's really going on? Inconsistent law enforcement; intergenerational drug & alcohol use; lack of employment.

What's improving? Collaboration between providers.

Community Processes[1]

Rio Arriba Family Care Network: Coordination and improvement of health and behavioral health services in Rio Arriba County.

Rio Arriba Maternal Child Health Council: Improved outcomes for mothers and children in Rio Arriba County.

Rio Arriba DWI Planning Council: Reduction of DWI incidents in Rio Arriba County.

Northern Neighbors Network: Substance abuse prevention in Dulce, Northern Rio Arriba County and Los Alamos.

Chama Valley Health Coalition: Provider networking in Chama Valley.

Healthier Communities ENIPC: Building a healthier community for Eight Northern Indian Pueblos.

UNM CASAA: Case management and advocacy for Eight Northern Indian Pueblos.

La Vision del Valle: Reduction of substance abuse in Espanola and Pojoaque Valley.

North Central Providers: Networking for behavioral health providers in Rio Arriba and Santa Fe Counties.

Espanola Domestic Violence Task Force: Reduction of domestic violence in Espanola Valley.

Chimayo Crime Prevention Organization: Crime reduction in Chimayo.

UNM Environmental Health Project: Improve environmental health in rural north central New Mexico.

Minesterial Alliance: Networking for Churches in Rio Arriba and surrounding areas.

Partnership for Raising Healthy Kids: Improved environment for kids in El Rito area.

Parent/Teacher Organizations.

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[1] Indicates that this strategy is identified as a CSAP (Center for Substance Abuse Prevention) strategy. CSAP strategies are listed in order of proven effectiveness. The three non-CSAP strategies listed in this section of the plan were included because research has shown them to be effective if not essential for the reduction of substance abuse.

Identification and Referral [1]

NOT consistent across county or over time!

Community advisory teams, SAT Team, hospital, police ID children at risk.

Alternative Activities [1] *(Times of day, county, accessibility, age groups, program, youth/adult, drop-outs)*

School: County-wide.

Day care: Some center-based services available in Espanola, Tierra Amarilla and Canones.

After-school care: Very few programs available; almost non-existent in rural areas.

Sports: Activities available through organized leagues such as Pop Warner and Little League. League activities are sporadic in rural areas. Limited access due to fees. Activities available through schools county-wide including organized team sports, swimming, and skiing. All-day summer sports program through NNMCC in Espanola.

Community Centers: Pueblos, Jicarilla, NNMCC, Lucero Center.

La Clinica del Pueblo: Americorps, Academic tutoring.

Cruise-No-Booze and Alcohol-Free Dances: County-Wide through County DWI.

Natural Helpers: Building youth leadership skills in Chama Valley.

4-H: Youth experiential learning county-wide through NMSU Rio Arriba County Extension Network.

Boys and Girls Clubs: Available in Espanola Valley.

Lunch Buddies: Mentorship program in Espanola Schools.

Cultural Awareness Camps: County-wide through Hands Across Cultures, North Central Community-Based Services.

Sky's the Limit: Youth leadership activities in Espanola and Pojoaque Valley.

Education and Information Dissemination [1] *(Teaching New Skills and Behaviors, Information Dissemination, Press and Mass Media Campaigns)*

Synar, ATOD Awareness: Espanola and Pojoaque Valley (HACC), Chama Valley and Dulce (NCCBS).

ASSIST, Smoking Cessation: Espanola and Pojoaque Valley (HACC), (Hospital), (NCCBS).

AA, Alanon, NA, Twelve Step Groups: Available through providers county-wide.

DWI Impact Panels: Available County-wide through Rio Arriba DWI.

Parenting Classes: Las Cumbres Learning Center (County-wide with a concentration of activity in Espanola Valley), NMSU County Extension Service (County-wide), Rio Arriba Works (for Works clients only), and La Clinica del Pueblo (Chama Valley).

School Programs including Healthier Kids 2000 and Character Counts Hoy Alcoholism, Inc: Educational activities in the community county-wide with a concentration of activity in Espanola Valley.

La Clinica del Pueblo: Two Licensed Alcohol and Drug Abuse Counselors on staff serving Chama Valley.

NCCBS, La Clinica del Pueblo: Family Preservation Services in Chama Valley.

HACC, La Vision del Valle: Media Campaigns in Espanola Valley.

Technical Training: UNM, NNMCC (Concentrated primarily in Espanola Valley).

Treatment

Hoy Alcoholism, Inc: 12 available beds for community integration program (inpatient substance and alcohol abuse treatment); intensive outpatient treatment in Espanola and Chama; anger management and other groups; facilities in Espanola, branch office in Chama. Serves Region 2.

Rio Grande Alcoholism Treatment Program: 36 available beds for intermediate alcohol and substance abuse inpatient treatment for Region 2. Facility located in Embudo.

Pinon Hills: Inpatient Behavioral Health Services.

Ayudantes: Methadone treatment.

Una Ala Clinic: Methadone treatment for 125 clients.

Esperanza: Shelter and counseling services for victims of domestic violence; counseling services for perpetrators.

Crisis Center of Northern New Mexico: Shelter and counseling services for victims of domestic violence; counseling services for perpetrators.

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[1] Indicates that this strategy is identified as a CSAP (Center for Substance Abuse Prevention) strategy. CSAP strategies are listed in order of proven effectiveness. The three non-CSAP strategies listed in this section of the plan were included because research has shown them to be effective if not essential for the reduction of substance abuse.

DWI Program: Mandatory DWI treatment for offenders.
St Francis Academy: Counseling and case management services.
Las Clinicas del Norte: Suicide prevention counseling.

Sustained, Coordinated Effort

County-approved planning and policy-making bodies: County Health and Human Services Department, Rio Arriba Family Care Network (county-wide coordination of health and human services), ArribaCare and ArribaCare Steering Committee (health care), Rio Arriba DWI Council (DWI enforcement and prevention), Rio Arriba Maternal Child Health Council (coordination of health promotion activities), Chama Valley Health Coalition (networking and coordination in Chama Valley).

YOUTH DEVELOPMENT AS PRIMARY PREVENTION

Need to target high-risk kids, drop-outs, throw-away kids for services, intervention.

DIAGRAM OF EXISTING GAPS IN DRUG AND ALCOHOL ABUSE RELATED SERVICE DELIVERY IN RIO ARRIBA COUNTY, NEW MEXICO

(Assessment of Needs)

Strategy	Gap
Environmental	Apathy
	Denial
	Youth participation in leadership
	Adult support
	Lack of adjudication; offenders are not sentenced, or are sentenced leniently; Sentences are not enforced
	Need to re-establish work ethic
	Not enough opportunity for legal economic activity
Community Processes	Inconsistent distribution of information
	Need to consistently define membership vs. participation across coalitions
	Joint goals
	Common indicators
	Common language to describe treatment and prevention
	Need to track stability of coalitions over time
Identification and Referral	Teacher training around behavioral issues linked to ID and referral
	Process for follow-up for referrals
	Lack of intervention programs to refer kids to:
	Families of inmates
	Indicated intervention for at-risk youth
	Drug and alcohol treatment, especially for youth
	Counseling programs in general
	Counseling for families of known alcohol and substance abusers
	Services for children 0–5 and their families
	Opportunity for regularly discussing ID and referral processes
	Opportunity for teachers to regularly discuss drug and alcohol related problems
	Cannot access confidential data such as results of employer drug testing for purposes of referral.
	Byzantine and incomplete state welfare-to-work structure makes it impossible to refer Works' clients for DOH-sponsored welfare-to-work substance abuse treatment services
	Drug court.
	At-risk youth don't know normal emotions.
Alternative Activities	Few drug and alcohol-free community events and activities

DIAGRAM OF EXISTING GAPS IN DRUG AND ALCOHOL ABUSE RELATED SERVICE DELIVERY IN RIO ARRIBA COUNTY, NEW MEXICO—Continued

(Assessment of Needs)

Strategy	Gap
	Lack of safe outdoor recreational equipment in schools makes it hard to start-up after-school and other programs
	Difficult to access community buildings such as senior centers, churches and schools
	Lack of access to activities because of lack of transportation
	No incentives for alcohol-free family celebrations such as weddings
	Resources unevenly disbursed throughout county; lack of activities in rural areas
	Lack of access to some activities because of fees, equipment costs
Education	Resources, programs unevenly disbursed across County. Not enough activity in remote rural areas.
	Too much focus on information dissemination county-wide.
	Too many activities in schools take away from students' academic activities in Espanola Valley
	Not enough focus on families or on younger children (ages 0–5, 6–12).
Treatment	Lack of financial access to existing treatment services due to:
	Lack of insurance/financial access
	Inconsistent MCO requirements for youth treatment
	Lack of transportation to services
	Laws and regulations prevent youth from accessing treatment for narcotics
	Women's services
	In-patient treatment facilities for youth
	Treatment for youth offenders in detention centers, ESPECIALLY for rural youth
	Services for families of inmates
	Services for families of known alcohol and substance abusers
	Indicated intervention for at-risk youth
	Indicated intervention for young children, especially ages 0–5
	Drug and alcohol IOP services
	Drug court
	Case management or supervised probation
	Follow-up—enforcement and completion of sentencing, especially around community service requirements
Sustained, coordinated effort	Need to develop community prevention plan
	Develop clear lines of leadership; who's in charge of plan development?
	Need to regularly evaluate progress against plan
	Need to update plan regularly independently of funding sources and deadlines
	Develop clear lines of communication with state, county and local providers
Youth Development as primary prevention.	Youth participation in leadership
	Alternative activities for youth
	Consistent youth development in and across schools
	Family activities
	Consistent standards for PTO involvement, encouragement and activity across schools and districts

DIAGRAM OF SELECTED STRATEGIES, INDICATORS AND ACTIVITIES FOR 1999 FOR THE REDUCTION OF SUBSTANCE ABUSE IN RIO ARRIBA COUNTY, NEW MEXICO

(Strategic Plan)

Strategies	Indicator	Activities
Environmental	Get current baseline measure of attitudes regarding what is acceptable with respect to use of alcohol, drugs and tobacco. Increased rates of self-referral for treatment Increased rate of adjudication/conviction for drug, alcohol-related offenses. Increased employment levels of known abusers	County-wide community-based judicial oversight. Must include community education regarding oversight process. Sting operations and education aimed at vendors of legal substances (alcohol and tobacco). Educate community about what its norms are AFTER researching them. Employment assistance for recovering addicts.
Community Processes	Numbers and diversity of participants in community based planning processes. Existence of plan with regular updating Services provided are in conformance with plan strategies and accepted standards.	Identify central county-wide coordinating council. Establish formalized structure and procedures to insure continuing planning process. Establish standards and policy in Rio Arriba County for substance abuse prevention.
Identification and Referral	Percentage of primary health patients presenting substance abuse problems who receive a referral. Increase in number of referrals of children from age 0 and youth to service providers by schools and other sources.	Training for school personnel and providers in identification of at-risk behavior and referral process. Multiple points of entry into a single, coordinated intervention and treatment system. Train primary, emergency and behavioral health providers, and other agencies to systematically assess families of children age 0–5 for behavioral health problems and to refer. Identify statutory changes necessary to improve referral system and advocate for these changes.
Alternative Activities		Suspend new large-scale activities until protocols for inter-governmental cooperation have been established.

DIAGRAM OF SELECTED STRATEGIES, INDICATORS AND ACTIVITIES FOR 1999 FOR THE REDUCTION OF SUBSTANCE ABUSE IN RIO ARRIBA COUNTY, NEW MEXICO—Continued

(Strategic Plan)

Strategies	Indicator	Activities
Education and Information Dissemination	Increase in numbers of participants in interactive education programs that involve families. Increase in self-reported changes in knowledge, attitudes and behavior (outcomes) as a result of involvement in substance abuse education programs. Improvements in academic performance and reduction in anti-social behavior of participants in substance abuse education programs.	Establish glossary of terms. Teach emotion management to children and families. Indicated intervention with families of children 0–5. Educate communities to create a community environment supportive of recovery. Conduct thorough assessment of current education and prevention services. Redistribute activities evenly across county.
Treatment and Intervention	Full and effective scope of treatment services available in community for all age groups. Access to treatment services	Thorough needs and resource assessment regarding treatment continuum not to exclude children ages 0–5. Increase direct intervention and treatment services to youth and families for substance abuse based on needs/resource assessment. Develop outcome tool to measure quality of new and existing services.
Sustained, Coordinated Effort		
Youth Development as Primary Prevention		

THE PARTICIPATORY PLANNING PROCESS

In 1997, the Rio Arriba Maternal Child Health Council compiled Rio Arriba's first comprehensive county-wide needs assessment. They identified Substance and Alcohol Abuse and its corollary impacts as the top threat to public health in Rio Arriba. The Board of Rio Arriba County Commissioners decided as a result to prioritize substance abuse.

The Board of Rio Arriba County Commissioners was asked by the Secretary of Health to assist local providers to develop a coordinated substance abuse treatment and intervention plan. Coincidentally, our county-designated health council, the Rio Arriba Family Care Network, was funded by the Robert Wood Johnson and Kellogg Foundations to create ArribaCare, a county-wide health care financing system for the medically indigent. It was determined that ArribaCare must prioritize substance abuse in order to bring down high-end health care costs.

RAFCN agreed to supply the County with professional facilitators to improve our planning efforts. We have prioritized the need for planning which emphasizes:

—A process that insures broad involvement and consensus-building
—A plan which is based upon sound outcome measures agreed to in advance by the community
—Activities that have been proven to work
—A plan that calls for ongoing evaluation of all activities
—A process that will improve coordination amongst providers.

We held two all-day workshops (on 1/22 and 2/22) facilitated by individuals trained in the "Systems Thinking" method of planning. We requested that participants also attend an all-day training workshop sponsored by the Behavioral Health Services Division of the NMDOH in order to insure that all participants would have some knowledge of best prevention practices.

A draft of the plan was widely disseminated to the community, at the request of participants, prior to the second workshop. Approximately one hundred copies were mailed to the community along with instructions for submitted verbal or written comment. Another two hundred copies were passed out to attendees of Senator Domenici's town hall along with an announcement of the next meeting and instructions for comment. The intent and importance of the plan were explained as part of the County's presentation. A number of interested citizens attended the February planning workshop as a result.

The planning method itself required participants to establish outcome measures, or measures of success, prior to identifying activities. The purpose of this exercise was to insure that participants focus on outcomes, not on pet projects. Once outcomes were established, we asked participants to identify specific activities that would cause those outcomes to improve.

Several complaints were raised in the workshops that there was not enough participation from the North, from youth, and from law enforcement. As a result, we placed ourselves on the agendas of the DWI Council, the Chimayo Crime Prevention Organization and the Chama Valley Health Coalition. All three entities were extremely supportive of our efforts. We have not yet presented the plan to youth.

We approached Eight Northern Pueblos and were informed that they preferred a Native American carve-out and would prefer not to participate. We chose to honor their request by not soliciting other input from Pueblo providers.

Currently, there is no established protocol for this type of planning. At each stage of the process, we asked participants, "How can we do this better the next time around?" We are incorporating their advice into a protocol for county-directed community health and human service planning efforts.

Finally, no protocol currently exists for the planning of projects that involve or impact multiple local governments. The County is attempting to define an inter-governmental protocol. In the interim, we will systematically present our approved strategic plan to the appropriate local governments, such as school boards, municipal governments and neighboring counties, for ratification.

It is the opinion of The Board of Rio Arriba County Commissioners that the degree of disruption our planning process has caused is the result of a lack of defined protocol rather than a lack of effort to involve the community.

We appreciate the support you have extended to us in our efforts to remedy this situation.

Senator DOMENICI. OK. We are going to close this part, and once again, I really mean this, I thank Rio Arriba County, under your leadership, Mr. Chairman, and you, Mr. Valdez, your excellent management for getting involved and taking a position that we have to work together and get something done. While I agree with Mr. Valdez, and never said anything to the contrary, that there has been some kind of a relationship between heroin and some parts of Northern New Mexico as far back as you have said, I will stand by the proposition that we, nonetheless, did not have an epidemic during all those years. And I don't know what that is, but I tell you what we have got is certainly defined as something rare and different than when it was mildly used by people here, and we have to unite to do something about it. All I am suggesting is that I don't know anyone else to turn to, when I leave here today and say, "I believe we have got commitments from those people with resources," and I am looking for you all——

Mr. VALDEZ. I think you can rest assured that we are working with you and the State at every level.

Senator DOMENICI. And to the extent that you have got to resolve issues between so-called competitors for services, you will do it in your way. You wouldn't say it that way, but I will say it another way.

Mr. VALDEZ. We will work with all of them.

Senator DOMENICI. Thank you very much. The next panel is the State panel. I want to thank all three of you for your patience. We have to choose some order of priority, and I guess I chose to have you here later, with the hope that you too would learn something, like I did, from the testimony. Let me welcome you. I know all of you are very busy, but I would like to summarize my views for you right now and that should leave you with the belief that the Governor, and you all, as his cabinet of people, are very important to the Federal Government in terms of solving the problem that we are talking about. I think you only have to read the way we have handled a lot of resources to know that we send them to the State, and I think, Mr. Secretary, you are totally familiar with that. The fact that you have devoted so much time to this County and this problem would indicate to me that you are aware that that block grant money that you received—that you clearly have to find a way to make it do something positive here. And the same holds true for you, Deputy Secretary Dodson, in terms of you having expertise. Clearly it goes without saying, Secretary Darren White, that you have a big responsibility too, because everybody knows interdiction is part of the three legs of this stool, and we thank you for reminding us about getting the money that we hope will make your job somewhat easier. We are going to proceed with you, Secretary White, because you have a number of very important issues in New Mexico, and I want to make sure you get to leave here as soon as practical. Will you proceed, and we will make your testimony part of the record, so you can abbreviate it and just share with us what you would like everybody here to know.

STATEMENTS OF:

DARREN WHITE, CABINET SECRETARY, NEW MEXICO DEPARTMENT OF PUBLIC SAFETY

DORIAN DODSON, DEPUTY SECRETARY, NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT

ALEX VALDEZ, CABINET SECRETARY, NEW MEXICO DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. WHITE. Thank you, Chairman. I might note that visiting us from Las Cruces is Mr. James Jennings, who is our director from New Mexico HIDTA [high intensity drug trafficking area]. I asked him to be with us so he could hear the remarks, and I know we extend our gratitude for all the work that you have done to bring a HIDTA to Northern New Mexico where it's much needed.

Mr. Chairman, even though we have been working hard to lessen the stranglehold of drugs in this area, there is still a lot of important work to be done. For too long Northern New Mexico has been held hostage by the trafficking and use of drugs in a wide variety of crimes that precipitate from drug activity. I believe that the combined Federal and State efforts represented here today marks an important breakthrough in our attempts to finally regain some level of peace and improved quality of life for this community.

The Department of Public Safety serves as the State's administrator for the Federal Edward Byrne Formula Grant Program. This program was created by Congress in the Anti-Drug Abuse Act of 1988, and places emphasis on reducing violent and drug-related crime through the development of multi-jurisdictional and multistate efforts that support national drug-control priorities. The Department's administrative responsibility is to achieve this goal of interagency cooperation by funding such efforts with a portion of the State's annual Federal award.

For a state like New Mexico, this Federal assistance is essential to our law enforcement efforts. Without this support, we could not coordinate the multiple jurisdictional task forces and allow us to pool our resources and intelligence for more effective crime fighting. And yet with the understanding that we will never be able to arrest our way out of this crime problem, we also fund local initiatives that address issues such as youth and gang violence, treatment for offenders, and domestic violence.

These initiatives could not necessarily meet the usual definition of law enforcement, but they represent the important evolution in our understanding of law enforcement's responsibilities. I am talking about what is commonly referred to as community policing. And though it does not take a great deal of thought and/or planning, it is really very simple. It's a return to recognizing that police officers must be fully vested members of the community so that they can use their firsthand knowledge of the causes and effects of crime to do their job more effectively.

So even at the risk of using a somewhat over-used phrase, I will say that we are "putting our money where our mouth is." Or more specifically, when reviewing applications for these grant monies, the Department gives preference for those initiatives that foster interagency collaborative efforts to address prevention and intervention as well as enhanced enforcement. We are in the final year of a 3-year strategic plan and will soon begin developing the task of developing another multi-year strategy to reflect the priorities of the Department of Justice and law enforcement in New Mexico. We will complete a comprehensive threat assessment and then use this information to name the major priority issues for law enforcement in the coming years.

The Department plans to complement these funded initiatives, which is to continue the cooperation with local groups such as the

Chimayo Crime Prevention Organization. This group was formed a few years ago when a group of citizens decided that they could no longer accept the escalating crimes in their community and decided to do something about it. They reached out to the Department of Public Safety, and I am happy to say that through a joint effort by the community and the State police, crime in Chimayo dropped an astounding 65 percent. We look at this partnership as a telling example of what can be accomplished when law enforcement and communities come together for a common cause, and we thank the Chimayo group for their tireless efforts to inform and support our enforcement efforts.

Yet even with this level of success, the reality is that there is still much more to be done. This is why I am so pleased to be here today to discuss the unique opportunities made possible by the involvement of Senator Domenici, the Senate Appropriations Committee, and the Department of Justice. With their help, I believe we can achieve even greater success in Northern New Mexico. I believe we can return communities to their law-abiding citizens and restore a sense of hope to our people. And instead of Northern New Mexico serving as the example of drug problems, we can help make Northern New Mexico an example of the solutions. Thank you, Mr. Chairman.

[The statement follows:]

PREPARED STATEMENT OF DARREN WHITE

Good morning. I'm glad to be here today with Senator Domenici and representatives from the Senate Appropriations Subcommittee on Commerce, Justice, State, and the Judiciary because even though we have been working hard to lessen the stranglehold of drugs in this area, there is still a lot of important work to be done. For too long, northern New Mexico has been held hostage by the trafficking and use of drugs and the wide variety of crimes that precipitate from drug activity. I believe that the combined federal and state effort represented here today marks an important breakthrough in our attempts to finally regain some level of peace and improved quality of life for this community.

The Department of Public Safety serves as the state's administrator for the federal Edward Byrne Formula Grant Program. This program was created by Congress in the Anti-Drug Abuse Act of 1988 and places emphasis on reducing violent and drug-related crime through the development of multi-jurisdictional and multi-state efforts that support national drug-control priorities. The Department's administrative responsibility is to achieve this goal of inter-agency cooperation by funding such efforts with a portion of the state's annual federal award.

For a state like New Mexico, this federal assistance is essential to our law enforcement efforts. Without this support, we could not coordinate the multi-jurisdictional task forces that allow us to pool resources and intelligence for more effective crime fighting. And yet, with the understanding that we will never be able to "arrest" our way out of our crime problem, we also fund local initiatives that address issues such as youth and gang violence, treatment for offenders, and domestic violence.

These initiatives don't necessarily meet the usual definition of law enforcement but they represent an important evolution in our understanding of law enforcement's responsibilities. I'm talking about what is now commonly referred to as "community policing." And, though it does take a great deal of thought and planning, it's really very simple. It's a return to recognizing that police officers must be fully vested members of the community so that they can use their firsthand knowledge of the causes and effects of crime to do their job more effectively.

So, even at the risk of using a somewhat over-used phrase, I'll say we've "put our money where our mouth is." Or more specifically, when reviewing applications for these grant monies, the Department gives preference to those initiatives that foster inter-agency collaborative efforts to address prevention and intervention as well as enhanced enforcement. We are in the final year of a three-year strategic plan and will soon begin the task of developing another multi-year strategy to reflect the priorities of the Department of Justice and New Mexico law enforcement. We will complete a comprehensive threat assessment and then use this information to name the major priority issues for law enforcement in the coming years.

The past year has been spent educating applicants about our plans to increase the focus given to prevention efforts. As a result, each initiative requesting money for the next funding cycle will have to identify a specific prevention component of their program. Then, to be considered for continued funding, their efforts will be subject to specific performance-based evaluations to determine the success of their drug abuse and crime prevention measures.

The Department plans to complement these funded initiatives by continued cooperation with local community groups such as the Chimayo Crime Prevention Association. This group was formed a few years ago when a group of citizens decided that they could no longer accept the escalating crimes in their community and decided to do something about it. They reached out to the Department of Public Safety and I am happy to say that through a joint effort by the community and the State Police, crime in Chimayo has dropped by an astounding 65 percent. We look at this partnership as a telling example of what can be accomplished when law enforcement and communities come together for a common cause and we thank the Chimayo group for their tireless efforts to inform and support our enforcement efforts.

Yet, even with this level of success, the reality is that there is still much more to be done. This is why I am so pleased to be here today and discuss the unique opportunities made possible by the involvement of Senator Domenici, the Senate Appropriations Committee, and the Department of Justice. With their help, I believe we can achieve even greater success in northern New Mexico. I believe we can return communities to their law-abiding citizens and restore a sense of hope to our people. And, instead of northern New Mexico serving as an example of drug problems, we can help make northern New Mexico an example of solutions.

Senator DOMENICI. Thank you very much. Secretary Valdez, could I indulge you and just ask Secretary White a couple of questions and then let him leave? He has informed me he is supposed to be in the other side of the State. Secretary White, we have a Byrne Grant Fund, and the grants are awarded annually by the department. The grants are named after a victim of high visibility for whom great empathy and sympathy was aroused, and we named it after that person. What portion of the State's Byrne Grant funds are used specifically for anti-drug programs, if you know?

Mr. WHITE. Mr. Chairman, we receive $4 million each year. Sixty percent of those funds, roughly $2.4 million have been awarded for several regional programs for funding the 14 different narcotics task forces across the State. They include operation supervisor, contract accounts, confidential funding, overtime, and operating costs of those task forces. About 9 percent, roughly $362,000 was awarded to the New Mexico Gang Task Force, local agencies for youth and gang involvement. Those are for training school resource officers, so that's more of the prevention component of that program, sir.

Senator DOMENICI. Well, we now know that Northern New Mexico has a very severe and serious problem proportionately speaking, worse than any other county, and this region will be affected soon. Is sufficient of the Byrne funds, whatever it can be used for, coming to this area? Are you putting enough resources in here, in your opinion?

Mr. WHITE. No, Mr. Chairman, we were not, to this point, putting in the resources necessary, and I think that goes to what we have been talking about with the designation of a HIDTA and how important that will be to us.

Senator DOMENICI. So that may be corrected in the next month?

Mr. WHITE. Mr. Chairman, that is our hope.

Senator DOMENICI. All right. A little bit about community-based law enforcement. I have not been a very big advocate of the Federal Government telling us how to do community policing. Nonetheless, the Federal Government put some money into community policing. What are the components of a successful community program, if you were to have one in New Mexico?

Mr. WHITE. Well, Mr. Chairman, I would only reflect on the crime prevention organizations.

Senator DOMENICI. That is kind of one with——

Mr. WHITE. That is, absolutely, and one of those components of that program was, when it was first introduced, Mr. Chairman, we had to recognize that we had limitations, that the community has limitations, as well as law enforcement. I think we talked—we have to talk about first that old adage, Mr. Chairman, that we all had to recognize that we had a problem. That's the first step, and I'm not saying that the community had a problem. It's been acknowledged that law enforcement has a problem as well, because if there is an epidemic of the proportion in Rio Arriba County with heroin, that it was not just a community problem, that it is a law enforcement problem as well.

Senator DOMENICI. Well, let me move for a minute to prevention, and you know well the DARE Program, I assume we still have it in some places. Strangely enough, while it appears on the surface, if you attend these DARE classes and saw the promotional aspects of it, one would conclude that it is very effective. It seems like the Federal Government's evaluation of it is that it's not very effective in that we had two budgets where the President vetoes it out, I assume not because he didn't like DARE, but because he funded something he thought might be more effective.

What do you suggest with reference to law enforcement officials being involved in prevention, or would you rather just wait for the plan to evolve and see how law enforcement gets into the plan?

Mr. WHITE. Mr. Chairman I don't think we can take a back seat. I think we have to be pro-active in that arena as well. I do know that the DARE program has been a very good public relations tool for law enforcement across this county, but as a means of reducing drug use and discouraging drug use in our country, I don't think it's actually met up to that goal. I do see some programs throughout New Mexico, such as some of the PAL programs, the Camp Courage Program that is put on, which has the direct involvement of law enforcement, these are a few programs that I think are successful, and again, it goes back to, Mr. Chairman, of again recognizing the limitations. We would like to be the be-all, end-all, the panacea to all the problems, but we cannot be that.

Senator DOMENICI. I have no further questions. If I have anything else, I will submit them and you can answer them for the record. You are excused. Thank you very much for your patience in being with us today.

Mr. WHITE. Thank you very much for this opportunity.

Senator DOMENICI. Secretary Valdez, I assume you are in a position of statewide concern, but you have special concern since you live here with your beautiful and wonderful wife, Rosemary, who worked in my office while you went to school. Now your four daughters, who are grown up, live here, and we are prepared to say that you are going to work very hard to make the State money do something positive in this county. Could you share with us your remarks.

Mr. VALDEZ. I will, Senator. Senator Domenici, distinguished guests and members of the public, I thank you for taking great interest in Northern New Mexico, and in a serious problem which we have inflicted on our great State and our great country. This problem is the use, dependency, and addiction to illegal and legal drugs. Before I discuss strategies to address this most critical of problems, I want to discuss what this problem means to me as a New Mexican and a native of Espanola, NM.

We are gathered here in Espanola, my hometown, where I was born and raised and where I have chosen to raise my family. I have always cherished my upbringing in this valley with its grand vistas, wonderful cultures and rich history. Anyone who enters this valley need only look to the Sangre de Cristo Mountains, with their snow caps, to our centuries old churches, to our Rio Grande River, to understand what this valley means to its inhabitants. Throughout history many have been captivated by its beauty, people, and way of life, and have elected to stay. We welcome all who come and who will bring good will. New Mexico is known as the Land of Enchantment. When you look out upon this valley, it is a microcosm of all that this State has to offer.

As a parent, I know what I want for my four daughters. I want them to grow up safe. I want them to be kind and understanding. I want them to be well-educated and successful. I want them to love our Lord. I want them to be proud of their community. I am sure that every other parent in this valley and in this State wants the same for their family.

What a contrast to be gathered here today not to celebrate our great fortunes but to discuss the tragedy inflicted on our children, families, and friends as a result of substance abuse. There is a pale cloud hanging over the Land of Enchantment which threatens to undermine the very fabric which holds our community together and makes us a great State. That is the havoc inflicted on persons, families and communities when heroin, cocaine and amphetamines and other drugs are imported, manufactured or grown in this state, and sold for a tremendous profit without consideration for the resulting trail of destruction. This occurs while the profiteer of the drug trade lives among us and enjoys this Land of Enchantment.

As Cabinet Secretary for the Department of Health and Human Services in New Mexico, I am able to witness firsthand the effects of substance abuse on our State. Many people who find themselves in a state of poverty find an outlet through the use of illegal drugs. The use of illegal drugs lead to further degradation of the family structure, abuse and neglect of children, and a continual downward spiral for every person in the family. The state of poverty for many becomes a way of life rather than a temporary condition. Substance abuse leads to low birth weight babies whose lives are continually challenged. When we look at many children who are developmentally delayed, we can attribute the developmental delay to substance abuse. When we consider the abuse and neglect of children, we know substance abuse is a contributing factor. When we look at children with behavioral problems, who act out through violence and crime, drop out of school, and have low self-esteem, we know they are 2 to 6 times more likely to use alcohol and drugs than their peers. When we look at people with other mental health problems, we know that as drug use increases, the level of depression increases, and self-esteem decreases. Hepatitis B and C, which are rampant in New Mexico, HIV, AIDS, and other infectious diseases can find themselves spreading, particularly through a needle-exchanging, drug-using population. Let us spend a Friday or Saturday night at the local emergency room in our community, and we will see firsthand the effects of an overdosing segment of our population and the stresses it places on our health care delivery system.

Senator, it is important that we send clear messages about the public policy we are going to pursue when addressing substance abuse. As Secretary of Health, I am a strong proponent and supporter of our interdiction efforts to reduce the supply of drugs. I want to thank you and others for your efforts in increasing the Federal presence in New Mexico in protecting our borders and looking inwardly to reduce the supply of drugs. Our understaffed law enforcement agencies have an incredible and often dangerous challenge in confronting the interdiction of drugs. A Federal response, well-coordinated with our local law enforcement agents, will only serve to improve our interdiction efforts. As we step up our interdiction efforts, we must also support our prosecutor and court system as well as our corrections systems to assure speedy and long-term punishment for the drug profiteer.

I believe our response to illicit drug use must be like a three-legged stool. The first leg is interdiction. The second leg of this stool must be a well-coordinated and financed prevention strategy to employ with our youth. The State of New Mexico recently received a State incentive grant from the Department of Health and Human Services to improve our prevention strategies in our community. Prevention specialists must be well-coordinated in their approach to children in our communities. Their efforts must be outcome based with the ultimate outcome being a measurable reduction in the use of drugs within a reasonable time frame. We, as legislators, administrators, providers and the taxpaying public should not settle for anything less.

A request for proposals, Senator, for this grant was issued last week. It is a $2.4 million grant which is well-coordinated through the Governor's office prevention activities throughout the State. The various State agencies that are represented on the coordinating agreement advisory committee established by Governor Johnson represents over $10 million that flow into the State already for purposes of substance abuse prevention. The SID grant, which will be given to providers or entities in communities, will be used to address prevention strategies, assure that they are well-coordinated in our communities, and assure that there are measurable outcomes that are coming from the strategies. It's very important that we convey the matter to the treatment provider and communities that they are employing tactics which are not effective, and we will cease funding those tactics. We also need to be scientific-based and look for the best strategies possible and the SID grant allows us to do that.

Senator DOMENICI. Mr. Secretary, the three Federal witnesses are involved in prevention and treatment. Two of them spoke about scientific information, with reference to both prevention and treatment. This is now a critical mass of how to do things that might work because they've been tried, and there is experimentation and research, but now I am fully aware that we cannot have the same prevention program that Concord, NH has (where the chairman of this subcommittee comes from). Are you suggesting that it would be the prerogative of you, as a representative of the Governor, as far as this $2.4 million, and what portion we may get up here, to determine in some way an effective program with reference to prevention? Who is going to make those kinds of decisions?

Mr. ALEX VALDEZ. Senator, the coordinating entities which have been established will be making these decisions.

Senator DOMENICI. Is Rio Arriba represented on that?

Mr. ALEX VALDEZ. Senator, I don't believe that Rio Arriba is represented as a county, although I am a member of that coordinating committee.

Senator DOMENICI. Well, I think it's very important, Mr. Secretary. And I want to tell you I think that drug problems exist everywhere in New Mexico, but if we are going to have a comprehensive program here then we end up trying to say, "Look, it's a pilot, it's going to work, and I have got a better chance than we thought 6 months ago." You know, we have to have some assurance that every graphic of this situation is going to be called to the attention of this group, and I assume you are telling us publicly you will see to that?

Mr. ALEX VALDEZ. Senator, what we will see to is that we get sound proposals coming out of Rio Arriba so that we can consider those proposals at the State level, but it will receive very, very sound scrutiny, and, I am sure, a lot of importance.

Senator DOMENICI. All right. Thank you.

Mr. ALEX VALDEZ. Senator, the third leg of this stool is treatment. Treatment has been underfunded in this country and in this State for a number of years. We must all agree that if we do not treat the drug user, he or she will continue to present a demand for drugs. As long as there is a demand for drugs, someone, someplace will figure out how to provide the supply. As long as there is a demand and thus a need for supply, the drug user will continue to commit crimes and bring harm to the citizenry of our county, State and Nation. Once again, we all have a responsibility to convey clear messages that for the majority of drug users, we expect to see an improvement in their condition to the point where they are drug free. We should not settle for anything less. To accept, for instance, that maintenance through methadone is a goal to be achieved for the heroin addicted user is to send the message to our youth that: "you can become addicted and we will then figure out how to maintain you for the remainder of your life." I believe we must accept strategies that recognize that being drug free is the goal. While we are cognizant that people will relapse, we must also accept that relapsing is a temporary condition, and we will try again for a drug free lifestyle.

In terms of treatment, Senator, the New Mexico State Legislature just passed this legislative session authorizing legislation to allow the Department of Health to organize, on a regional basis, our regional care coordination. We see the establishment of a regional solution with a regional care coordinating entity, one who will address issues within that region in terms of eligible determination, in terms of making the process as streamlined as possible to get people into treatment.

Senator DOMENICI. Is that bill going to be signed?

Mr. VALDEZ. Yes, it's going to get signed. This is an assurance, Senator, that our treatment is appropriate for the needs in our community. If there is a demand for more bed space, we measure that and we fund that. If there is a demand for sounder after-care programs, we develop those with our provider communities, and see those types of activities locally driven, regionally driven with our providers, our counties and other workers to see as sound a system develop as is possible for the region. Our providers in Rio Arriba are participating in that effort, and we look forward to seeing them continue with that participation.

Senator DOMENICI. Mr. Secretary, might I ask, with reference to treatment, you also heard those who have spent a great deal of time and resources, that were on the first panel, talking about kinds and quality of treatment where successes are more apparent, and there are ways to do it better than 20 years ago. I understand that in this County, there are far more alcohol treatment beds than there are treatment beds for heroin; is that correct?

Mr. ALEX VALDEZ. Yes, Senator, that is correct. Once again, one of our previous speakers alluded to categorical funding under the Federal block grant. It's broken down in terms of how you designate a portion of that dollar, and historically it's been designated more on the alcohol side of the equation. The State has funded more treatment beds for alcohol in Rio Arriba County, in fact, than any other part of the State.

Senator DOMENICI. What about treatment beds for heroin?

Mr. ALEX VALDEZ. Senator, there are available resources and treatment beds can be utilized, even here in Rio Arriba County, for purposes of heroin. We also have treatment beds at Turquoise Lodge in Albuquerque. It's our intent to see that we work to fund and establish more treatment beds for heroin and some of the other harder drugs as we proceed forward.

Senator DOMENICI. Mr. Secretary, I want to make a point with you, if I might, and then I surely will let you finish. I am sorry for interrupting, but let me suggest that if we are going to put together a comprehensive program here that people will support, it's quite obvious to me that it has to be taken very seriously and looked at very seriously. If we are very serious about all three of the legs of the stool, as you adequately called it, then whether the treatment center works and is ultimately 100 percent successful, or 50, may not be the question. The question may be are we doing the best job to pick the best treatment, and then are we trying to provide treatment? I think the people are saying we want that as a component of this, because while we know this is bad stuff, we have a great deal of empathy for those who are already victims. I don't see us succeeding if we aren't making an effort there that is very visible and can be looked at and observed and say, "We are really trying."

72

So do you gather that from your meetings up here and your participation?

Mr. ALEX VALDEZ. Yes, Senator, I do. I think to a certain extent the fact that the Federal dollars flow down in a categorical fashion. There are ways, there are means, and it shouldn't be looked at as a prohibitive factor to keep us from being able to expand our treatment beds for purpose of heroin addiction. Second, we've commenced the process of working on the education component and the training component from the local providers. In fact, we brought a researcher out of the University of Austin on Friday to this same campus to hold a day-long seminar with all of our treatment providers about what is some of the most recent and cutting-edge form of treatment that we can possibly do. We absolutely need to continue enhancing the skills and abilities of our treatment providers to make sure that we are as effective as quickly as possible with the population that we are serving.

Senator DOMENICI. You understand, Mr. Secretary, that this morning both NIDA and SAMHSA pledged their expertise and assistance to you, and I assume that you would avail yourself of that, if needed, am I correct?

Mr. ALEX VALDEZ. That is correct. Senator, we've already taken advantage of one of the technical assistance grants coming out of SAMHSA. That's a $60,000 grant, and we had a function here in Rio Arriba at this campus, I believe, about a week and a half ago, on that technical assistance grant. We are also preparing proposals for the statewide prevention needs assessment through SAMHSA, as well as looking for a capacity expansion grant which will be targeted for purposes of Northern New Mexico.

Senator DOMENICI. Thank you very much.

Mr. ALEX VALDEZ. Our prevention and treatment providers must also be well-educated and trained in terms of the latest and most effective strategies for prevention and treatment. Thus scientific-based practices with continual research activities are necessary to assure we are employing the most sophisticated practices in our work.

Lastly, we must recognize that government neither has all of the solutions nor does it have the sole responsibility for addressing these matters. Personal responsibility for our own actions and family responsibility for our families is where this matter is ultimately going to be addressed. We have responsibilities as adults to not abuse drugs and alcohol ourselves. We have a responsibility to not look lightly on those among us who do. We have a responsibility to be accountable for our own actions. Parents have a responsibility to educate our children as to the ill effects of drugs. We have a responsibility to seek treatment for our loved ones who are engaged in the use of illicit drugs. We have a responsibility to our communities to make sure that we testify and cooperate with those who are trying to rid our communities of illicit drugs.

I want to close by commending the citizens of Rio Arriba and Northern New Mexico. We recognize we have a problem. We are gathered today to continue our efforts to address this problem. We are proud of our State and citizens of the Espanola Valley. Through the concerted efforts of those you see gathered today, we will rid our community of this great cloud hanging over us. With your assistance, we will continue to be the Land of Enchantment. Thank you, Senator.

[The statement follows:]

PREPARED STATEMENT OF ALEX VALDEZ

Mr. Chairman, Senators, distinguished guests and members of the public, I thank you for taking great interest in New Mexico, in Northern New Mexico, and in a serious problem which we have inflicted on our great state and our great country. This problem is the use, dependence and addiction to illegal and legal drugs. Before I discuss strategies to address this most critical of problems, I want to discuss what this problem means to me as a New Mexican and a native of Espanola, New Mexico.

We are gathered here in Espanola, my home town, where I was born and raised and where I have chosen to raise my family. I have always cherished my upbringing in this valley with its grand vistas, wonderful cultures and rich history. Anyone who enters this valley need only look to the Sangre de Cristo Mountains, with their snow caps, to our centuries old churches and to our Rio Grande River to understand what this valley means to its inhabitants. Throughout history many have been captivated by its beauty, people and way of life and have elected to stay. We welcome all who come and who will bring good will. New Mexico is known as the Land of Enchantment. When you look out upon this valley, it is a microcosm of all that this state has to offer.

As a parent, I know what I want for my four daughters. I want them to grow up safe. I want them to be kind and understanding. I want them to be well educated and successful. I want them to love our Lord. I want them to be proud of their community. I am sure that every other parent in this valley and in this state wants the same for their families.

What a contrast; to be gathered here today not to celebrate our great fortunes, but to discuss the tragedy inflicted on our children, families and friends as a result of substance abuse. There is a pale cloud hanging over the Land of Enchantment which threatens to undermine the very fabric which holds our communities together and make us a great state. That is the havoc struck on persons, families and communities when heroin, cocaine, amphetamines and other drugs are imported, manufactured or grown in this state and sold for a tremendous profit without consideration for the resulting trail of destruction. This occurs while the profiteer of the drug trade lives among us and enjoys this Land of Enchantment.

As Cabinet Secretary for the Department of Health and Human Services in New Mexico, I am able to witness first hand the effects of substance abuse on our state. Many people who find themselves in a state of poverty find an outlet through the use of illegal drugs. The use of illegal drugs leads to further degradation of the family structure, abuse and neglect of children and a continual downward spiral for the person and the family. The state of poverty for many becomes a way of life rather than a temporary condition. Substance abuse leads to low birth weight babies whose lives are continually challenged. When we look at many children who are developmentally delayed, we can attribute the developmental delay to substance abuse. When we consider the abuse and neglect of children, we know substance abuse is a contributing factor. When we look at children with behavioral problems who act out through violence and crime, drop out of school and have low self esteem, we know they are two to six times more likely to use alcohol or drugs than their peers. When we look at people with other mental health problems, we know that as drug use increases the level of depression increases and self esteem decreases. Hepatitis B and C, HIV/AIDS, and other infectious diseases can find themselves spreading particularly through a needle exchanging drug using population. Let us spend a Friday or Saturday night at the local Emergency room in our communities and we will see first hand the effects of an overdosing segment of our population and the stresses it places on our health care delivery system.

It is important that we send clear messages about the public policy we are going to pursue when addressing substance abuse. As Secretary of Health, I am a strong proponent and supporter of our interdiction efforts to reduce the supply of drugs. I want to thank Senator Domenici and others for their efforts in increasing the Federal presence in New Mexico in protecting our borders and looking inwardly to reduce the supply of drugs. Our understaffed law enforcement agencies have an incredible and often dangerous challenge in confronting the interdiction of drugs. A Federal response, well coordinated with our local law enforcement agencies, will only serve to improve our interdiction efforts. As we step up our interdiction efforts we must also support our prosecutorial and court system as well as our corrections systems to assure speedy and long term punishment for the drug profiteer.

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I believe our response to illicit drug use must be like a three legged stool. The first leg is interdiction. The second leg of this stool must be a well coordinated and financed prevention strategy to employ with our youth. The State of New Mexico recently received a State Incentive Grant from the Department of Health and Human Services to improve our prevention strategies in our communities. Prevention specialists must be well coordinated in their approach to children in our communities. Their efforts must be outcome based with the ultimate outcome being a measurable reduction in the use of drugs within a reasonable time frame. We as legislators, administrators, providers and the tax paying public should not settle for anything less.

The third leg of this stool is treatment. Treatment has been under funded in this country and in this state for a number of years. We must all agree that if we do not treat the drug user, he or she will continue to present a demand for drugs. As long as there is a demand for drugs, someone, someplace, will figure out how to provide the supply. As long as there is a demand and thus a need for supply, the drug user will continue to commit crimes and bring harm to the citizenry of our state and nation. Once again, we all have a responsibility to convey clear messages that for the majority of drug users we expect to see an improvement in their condition to the point where they are drug free. We should not settle for anything less. To accept, for instance, that maintenance through methadone is a goal to be achieved for the heroin addicted user is to send the message to our youth that you can become addicted and we will then figure out how to maintain you for the remainder of your life. I believe we must accept strategies that recognize that being drug free is the goal. While we are cognizant that people will relapse, we must also accept that relapsing is a temporary condition and we will try again for a drug free life style.

Our prevention and treatment providers must also be well educated and trained in terms of the latest and most effective strategies for prevention and treatment. Thus, scientific based practices with continual research activities is necessary to assure we are employing the most sophisticated practices in our work.

It is not enchanting that New Mexico leads the nation in drug related deaths and alcohol related mortality. This county leads the state in drug related deaths. In fact, New Mexico's illicit drug death rate has doubled in the last nine years. Eighteen percent of our eighth graders report using illegal drugs other than Marijuana as compared to 12 percent nationally.

Last summer, two young men murdered a youth of this community by throwing him over the Rio Grande Gorge bridge in order to steal his car so they could sell it for drugs. It impacted the victim's family with the grief and tragedy of the loss of a son with a bright future, the judicial and corrections system who must deal with the perpetrators, and all of us who must pay for the system. We are all the losers, the addicted who perpetrate the crimes to feed their addictions, the families who must live the dehumanizing cycle addiction brings to their family members, those families and individuals victimized by the crime and trafficking of drugs, and all of us who must pay to cope with this ever increasing problem in our hospitals, emergency medical systems, courts and prisons.

Lastly, we must recognize that government neither has all of the solutions nor does it have the sole responsibility for addressing these matters. Personal responsibility for our own actions and family responsibility for our families is where this matter is ultimately going to be addressed. We have responsibility as adults to not abuse drugs and alcohol ourselves. We have a responsibility to not look lightly on those among us who do. We have a responsibility to be accountable for our own actions. Parents have a responsibility to educate our children as to the ill effects of drugs. We have a responsibility to seek treatment for our loved ones who are engaged in the use of illicit drugs. We have a responsibility to our communities to make sure that we testify and cooperate with those who are trying to rid our communities of illicit drugs.

I want to close by commending the citizens of Rio Arriba and Northern New Mexico. We recognize we have a problem. We are gathered today to continue our efforts to address this problem. We are proud of our state and being citizens of the Espanola Valley. Through the concerted effort of those you see gathered today we will rid our community of this grey cloud hanging over us. With your assistance, we will continue to be the Land of Enchantment.

Senator DOMENICI. Thank you very much. I want to raise one other issue.

[Clapping in background.]

Go ahead and clap. I would say to you that's normally not permitted, but it's fine with me if you give a big round of applause to Alex. He is doing a splendid job, and I will participate with you in applauding him.

Mr. Secretary, before we move to our next witness, I suggest to you that one of the dimensions in the prevention area that we are finding across this land as working, is to find some things for the young people, that have nothing whatsoever to do, to do after school hours. In fact, that might apply to both of you. If it fits you, you can respond to my observation also.

You know, we all look around for activities and activity-type institutions that can do this and provide opportunities for our young people. We, in Congress, have grown so weary of putting aside money for cities and counties and saying, "Here, do a program where the children can participate," only to find they are not really capable of doing that. They are not really in that business. We tried something very different. We tried funding—with nobody filing any lawsuits—we funded directly Boys and Girls Clubs. And frankly, I was part of a couple of Senators that said, "Why don't we put even more in than that?" And last year, I recall, we put $40 million directly into Boys and Girls Club facilities. New Mexico is getting its share of those. I understand we have a Boys and Girls Club facility at Santa Cruz, but we don't have one here in this county because it appears that there are more than one competing for doing this activity, and I surely don't want to put you in the middle of this. This is local, but I really believe Congress has found something here, and that is, there is a method to the Boys and Girls Clubs that is consistent, reliable, and it works. We are probably going to continue to fund more and more of them. I wish in your efforts here that you would join, not by way of indicating which one of the people or the entities' choosing (trying to get funding here prevails), but rather that Boys and Girls Club will probably have more resources over time, and we ought to surely attempt to do something here in this county to do that. If either of you wants to comment, I would appreciate hearing from you on that issue.

Mr. ALEX VALDEZ. Senator, you are exactly right in terms of the need for us to make sure that our children are engaged as much as possible while in school as well as after school, and, indeed getting their homework done in the evenings and things of that nature. Anything we can do after school to see that kids are active in a positive sense, whether it be sports or music or arts, is only going to benefit those children. It's absolutely necessary that we quickly resolve whatever conflicts and challenges we have in our community to see that we are moving quickly and expeditiously to receive the funding and get the services to provide to kids in the after-school arena, and we will support efforts, particularly efforts that are going to reach conclusion quickly.

Senator DOMENICI. Secretary Dodson, would you care to provide us with your testimony at this point? Your written remarks will be made a part of the record. If you want to abbreviate, that would be helpful.

Ms. DODSON. Thank you, Senator. I am here representing the secretary, Deborah Hartz, who deeply regrets that she could not be here today. She cares very much about this issue. The mission of the Children, Youth, and Families Department is to enhance the safety, dignity and well-being of children, youth, and families in New Mexico. We provide a variety of services designed to protect children and adults from abuse, neglect, and exploitation, to hold juvenile offenders accountable for their actions and rehabilitate them; to prevent abuse, reduce juvenile crime, promote quality child care and support healthy families.

How does this relate to substance abuse, specifically heroin abuse, and specifically in Rio Arriba County? We know that many of the families we serve have multiple problems and that substance abuse is one of them. Substance abuse is a contributing factor too, as well as a symptom of the stress and problems facing these families. To address heroin abuse, therefore, we must put it in the context of all the factors, problems, and issues that keep families from being healthy.

Like the Department of Health and Public Safety, the Children, Youth, and Families Department addresses this and all the problems in our mandate on two fronts. We have heard prevention and intervention over and over again today. Both are essential components of our services. If we don't prevent, children, youth and their families become addicts and abuse each other or get in trouble with the law, and they even lack the basic brain development that we now know must happen in the early years of a child's life.

If we don't intervene, those already affected by addiction, abuse, neglect, those in trouble with the law, and those forever disenfranchised because some critical bonding or development didn't take place in early years, will develop more problems and problems of even greater magnitude. And of course, heroin abuse is one of those problems that we see in families with these problems where there was no prevention or intervention. Heroin addiction and other substance abuse and their underlying causes and effects, obviously, must be prevented and treated—but we all know that. We've been saying that.

In Rio Arriba County, my Department provides over $1 million for direct services in areas of counseling for high risk youth, nonsecure alternatives to detention, preschool programs, domestic violence shelter care, child care, mentoring and many, many others. And of course, we have field officers for protective services for children and adults and juvenile probation as well as child care services. So given the resources provided to Rio Arriba by CYFD and its sister agencies, coupled with the other funding streams and program initiatives, why don't we solve the problem? Why is the problem, as we've already heard, becoming worse?

Through our own staff and contract providers, we have learned a lot about the heroin addiction in Rio Arriba County. We have learned that the traditional treatment model, such as methadone, while somewhat successful for some adult populations, is not as successful with the adolescents in Rio Arriba County. Providers are researching other effective treatment methods for juveniles. Model programs with success in other states offer intensive outpatient programs combining education, psychological, and medical treatment for adolescents. The key of the success of these models appears to be that they address both the physical and emotional issues of the client and work extensively with the family, but I think anyone in this room who has worked with these clients could have told us that a long time ago.

It is our responsibility to support treatment providers in Rio Arriba County with the necessary child and family support services. We know there's an increase in the number of women and juveniles with heroin addiction in Rio Arriba County. Some women who need our domestic violence services appear to be using heroin as a means of self-medicating to cope with violent home situations. Therefore, it is our responsibility to assist service providers for victims of domestic violence in Rio Arriba County who help them regain their sense of self-worth and to become emotionally self-sufficient. This is the first stop in becoming financially self-sufficient and capable of making major life choices for themselves.

More and more adolescents are being referred to our service providers after discharge from a residential treatment center for heroin addiction. One agency reported to us recently a notable lack of success with this population due to the multi-generational aspect of addiction, and we heard some of that discussion earlier. Adolescents go back into families which are using and into communities where drug dealers pursue them to resume drug usage. It is therefore our responsibility to continue to enhance and augment the services to adolescents, to provide them with choices, skills and support systems to resist these terrible pressures.

Of course, every agency and group represented here today cannot, in isolation, solve this problem. Coordination of and communication amongst the various services and programs related to substance abuse in Rio Arriba is essential, and I would like to answer one of your earlier questions. Secretary Valdez has brought that group together that is coordinating substance abuse prevention grants and has really insisted upon and made sure a lot of different players got to the table, and it's very important that we do so. We have learned from each other in that process.

Finally, and of course, none of these outside-looking-in coordination efforts will work without the willingness and guidance of the County, comprised of its many distinct and unique communities, leaders and citizens in acknowledging, recognizing and addressing the underlying problems and custom-designing the strategies and programs to combat and prevent drug abuse and addiction. Without a total system commitment to address the underlying problems, including poverty, unemployment, school dropout rates, all of the things we have heard here today already, we are not going to be able to get rid of heroin abuse. Each of us represented here today, including the leaders, parents, teachers and youth of Rio Arriba, has a right to name its problem and, of course, to share responsibilities of solving it.

CYFD has worked with the Department of Health, the Human Services Department, State and legislators and other State agencies, tribal representatives and many others to develop the Children's Health Insurance Program in New Mexico. In addition to expanding basic coverage for children up to 235 percent of poverty, which in and of itself is a very important step, the group has developed Phase II, which will, if approved, provide behavioral health and related services to vulnerable populations of children and youth. These services would increase the ability of all counties, including Rio Arriba, to meet the needs of children and youth at risk of using or abusing heroin.

The focus of the service delivery network would be community determined and implemented. Rio Arriba would be able to target the services toward its most critical self-identified problems.

Finally, we must seize every opportunity to make the best and highest use of the resources we administer and share to both solve heroin addiction and the underlying problems, including coordination with each other. Again, it means giving up sacred turf and territory we all hold so dear. We must think of each and every child and family in Rio Arriba as children and families worth working for, and perhaps most important of all, listening to. A true commitment to a full and equal partnership, with shared authority and responsibilities will allow us to succeed. Thank you.

[The statement follows:]

Prepared Statement of Dorian Dodson

The mission of the Children, Youth and Families Department (CYFD) is to enhance the safety, dignity and well-being of children, youth and families in New Mexico. We provide a statewide array of services designed to protect children and adults from abuse, neglect and exploitation; to hold juvenile offenders accountable for their actions and rehabilitate them; to prevent abuse, reduce juvenile crime, promote quality child care and support healthy families.

How does this relate to substance abuse—specifically heroin abuse—in Rio Arriba County? We know that many of the families we serve have multiple problems, and that substance abuse is prevalent among these families. Substance abuse is a contributing factor to, as well as a symptom of the stresses and problems facing these families. To address heroin abuse, therefore, we must put it in the context of all of the factors, problems and issues that keep these families from being healthy.

Like the Departments of Health and Public Safety, the Children, Youth and Families Department addresses this and all problems in our mandate on two fronts—prevention and intervention. Both are essential components of our services. If we don't prevent, children, youth and their families become addicted, or abuse and neglect each other, or get in trouble with the law and even lack the basic brain development that we now know must happen in the early years of a child's life.

If we don't intervene, those already affected by addiction, abuse, neglect, those in trouble with the law and those forever disenfranchised because some critical bonding or development did not take place in the early years will develop more problems, and problems of even greater magnitude. Heroin addiction and other substance abuse, and their underlying causes and effects must, therefore, be both prevented and treated. But we all know that.

In Rio Arriba County, Children, Youth and Families provides over one million dollars for direct services in the areas of counseling for high-risk youth, non-secure alternatives to detention, adult home care services, transitional living services, preschool programs with nutritional and family counseling and home visits, community/victim restoration services, domestic violence shelter care, child care, client service management, therapeutic pre-school services, family preservation and support, mentoring, clinical assessment and mental health counseling. We also have field offices for protective services for children and adults, juvenile probation and parole and child care services. Finally, CYFD has a range of statewide services that also work for Rio Arriba County, including evaluation and training to assist in the development of a continuum of quality care.

So, given the resources provided to Rio Arriba by CYFD and its sister agencies, coupled with other funding streams and program initiatives, why haven't we solved the problem? Why is the problem, as we have already heard, becoming worse?

Through our own staff and contract providers we have learned a lot about the heroin addiction in Rio Arriba County. We know that substance abuse in general, and heroin use specifically, is a multi-generational problem. It appears to affect several generations, and is often very ingrained in the culture of family, as well as in specific communities in the County.

Based on provider experience, we also believe that traditional treatment models, such as methadone, while somewhat successful with the adult population, is not successful with adolescents in Rio Arriba County. Providers are researching other effective treatment options for juveniles. Model programs with success in other states offer intensive outpatient programs combining education, psychological and medical treatment for adolescents. The key to the success of these models appears to be that they address both the physical and emotional issues of the client and to work extensively with the family. It is, therefore, CYFD's responsibility to support treatment providers in Rio Arriba County with these necessary child and family services.

We know that there is an increase in the number of women and juveniles with heroin addiction in Rio Arriba county. Some women who need our domestic violence services appear to be using heroin as a means of "self-medicating" to cope with violent home situations. It is, therefore, CYFD's responsibility to assist service providers for victims of domestic violence in Rio Arriba County who help them regain their sense of self-worth and to become emotionally self-sufficient. This is the first step in becoming financially self-sufficient and capable of making major life choices for themselves.

More and more adolescents are being referred to our service providers after discharge from a residential treatment center for heroin addiction. One agency reported a notable lack of success with this population due to the multi-generational aspect of the addiction: adolescents go back into families which are using, and into communities where drug dealers pursue them to resume drug usage. It is, therefore, CYFD's responsibility to continue, enhance and augment the services to adolescents, to provide them with choices, skills and support systems to resist these pressures.

Of course, every agency and group represented here today cannot, in isolation, solve this problem. Coordination of, and communications among the various services and programs related to substance abuse in Rio Arriba is essential. CYFD is involved in many groups, including the DWI Interagency Task Force; the Cooperative Agreement Advisory Committee, led by the DOH Substance Abuse Program; the Juvenile Justice Advisory Committee, and the Juvenile Accountability Block Grant Coalition. Representatives on these groups come from various other state agencies, law enforcement, the judiciary, providers and advocates.

Finally, and of course, none of these "outside-looking-in" coordination efforts will work without the will and guidance of the County—comprised of its many distinct and unique communities, leaders, and citizens—in acknowledging, recognizing and addressing the underlying problems and in custom-designing the strategies and programs to combat and prevent drug usage and addiction. Without a total system commitment to address the underlying problems, including poverty, unemployment, school dropout rates, teen pregnancy and family violence, all of the program-specific funding in the world is not going to get rid of heroin use in this County. Each agency, group and advocate represented here today, including the leaders, parents, teachers and youth of Rio Arriba, has a right to name the problem and the shared responsibility of solving it.

There are specific intervention strategies that all of us, regardless of our role, can pursue together. Some are not as directly related to the mission of the Children, Youth and Families Department, but require our participation and support. For example, sustained and targeted traffic enforcement has been shown to decrease drug and violence related activities, especially when combined with community policing efforts that involve neighborhoods or subsections of a community. In working with youth in our juvenile justice system, we can reinforce these efforts.

Other strategies directly relate to our mission and services. We should and will be part of all public information campaigns and efforts to inform the public of enforcement efforts, and we should provide information on the support services we fund in Rio Arriba for children, youth and families to prevent and combat drug abuse.

CYFD has worked with the Department of Health, the Human Services Department, state legislators, other state and local agencies, tribal representatives, clinicians, providers and advocates to develop the Children's Health Insurance Program for New Mexico. In addition to expanding basic coverage for children up to 235 percent of poverty, which has already been implemented as Phase I, this group has developed Phase II which will, if approved, provide behavioral health and related services to vulnerable populations of children and youth. These services would increase the ability of all counties, including Rio Arriba, to meet the needs of children and youth at risk of or using heroin.

The focus of the service delivery network would be community determined and implemented. Rio Arriba would be able to target the services toward its most critical self-identified problems.

Finally, we must seize every opportunity to make the best and highest use of the resources we administer and share to solve both heroin addiction and the underlying problems. This includes coordination with each other—even if it means giving up sacred turf and territory. We must think of each and every child and family in Rio Arriba as children and families worth working for and, perhaps most important of all, listening to. Without a true commitment to a full and equal partnership, with shared authority and responsibilities, these efforts will never succeed.

Senator DOMENICI. Thank you. Madam Secretary, I just generally want to ask you, are you satisfied now that whatever your Department has to do in this area with reference to this problem that we are here discussing today, that you will coordinate that with other agencies and that it will be maximized as you see it in terms of the assets being made available for the population here that needs it?

Ms. DODSON. Senator, I think that we are making every effort to do that, but I think it is axiomatic that every time you think you are coordinating enough, there is more that you can do. I think that that is what we need to continue to do, that is, never assume that there is enough coordination; always assume that we need to work together, and always put our money where our mouth is, in terms of a full partnership with the local counties.

Senator DOMENICI. Well, I whole-heartedly agree, but I do believe there comes a time that I think coordination has to stop and has to follow. I assume that's still consistent with your last statement; is that correct?

Ms. DODSON. Absolutely, Senator.

Senator DOMENICI. I just want to make a point for the record. I'm informed that the chairman of this subcommittee, Senator Judd Gregg, who I already described for you, intends to put more than $40 million into Boys and Girls Clubs for the year 2000. I think that's very exciting. It probably means that we need to get together here in Rio Arriba, and with a little push, we might be one of the new starts for Boys and Girls Clubs. I don't know how that sits with the community, but I think in most places, it's welcome news, and I hope it is here. To both of you, and to the Governor whom you represent, Governor Johnson, I thank you very much for your concerted efforts to address this problem. I am there to be helpful, if I can, and if I ask you from time to time what's going on, I hope you will assume it's because I am concerned, not because I am trying to meddle in your affairs.

Mr. ALEX VALDEZ. Senator, you have been very helpful. Thank you.

STATEMENTS OF:

DR. FERNANDO BAYARDO, M.D., CHIEF OF STAFF AND MEDICAL DIRECTOR OF THE EMERGENCY ROOM, PRESBYTERIAN HOSPITAL, ESPANOLA

BRUCE RICHARDSON, PRESIDENT, CHIMAYO CRIME PREVENTION ORGANIZATION

TESS CASSADOS, EXECUTIVE DIRECTOR, LA CLINICA DEL PUEBLO

S.S. MUKTA KAUR KHALSA, SECRETARY OF FOREIGN AFFAIRS, CHIEF RELIGIOUS AND ADMINISTRATIVE AUTHORITY FOR SIKH DHARMA FOR THE WESTERN HEMISPHERE

Senator DOMENICI. Our next witnesses then—thank you both—and this is our last panel, after which I will go visit Delancey Street Treatment Facility. Dr. Fernando Bayardo, Chief of Staff and Medical Director of the Emergency Room at Presbyterian Hospital here in Espanola; Bruce Richardson, Chimayo Crime Prevention Organization, the president of this group; Tess Cassados, Executive Director of La Clinica del Pueblo; and S.S. Mukta Kaur Khalsa, Secretary of Foreign Affairs, Chief Religious and Administrative Authority for Sikh Dharma for the Western Hemisphere. We get all four of you, and we will start with Dr. Bayardo. Doctor, thank you very much for taking your valuable time to be here. We look forward to hearing from you. If you want to make your statement part of the record and want to abbreviate, whatever you choose, would be fine with me.

Dr. BAYARDO. Thank you for the opportunity to go ahead and address this issue. Both I and everyone here, I, unfortunately, have had the opportunity to do it several times, and it's unfortunate, to represent the size of our problem and what is going on in this county, and I think not just the county but statewide. I think it also reflects what's going on nationwide.

I will apologize for probably repeating some things that have probably been said throughout the day, but as you know, we do have some very terrible things going on that is a serious problem, which is illicit drug use in Rio Arriba County.

I personally do not have a solution to this problem, but I do feel strongly that as a health care professional and representative of our local health care facility that we do play and can play a vital role in addressing the issues and, hopefully, resolve it as well.

Briefly, the State Department of Health Statistics from 1993 to 1995 ranked New Mexico as the number one State in illicit drug overdose deaths in the country. That was a typo I gave, just so you know that we probably do have more deaths per 100,000 population here in this State. That's 11.16 per 100,000, but Rio Arriba is 18.3 per 100,000, more than any other county that at least was looked into in the Nation. And I have included a figure in the packet that you all may or may not have yet.

One other thing that I would really like to point out though, in terms of drug-induced deaths, that's not what I am seeing. Most of those people do not make it to my emergency department. What I am seeing is morbidity, fatalities related to substance abuse, including overdose, and I really think when we speak of overdose as a whole, we are only addressing the tip of the iceberg. I have mentioned in the past some issues, and briefly I will mention them here. Talking about Hepatitis B and C, and it's defined as inflammation of the liver due to virus. We are talking about cellulitis; how often do I see people with cellulitis, which is inflammation under the skin or connective tissues? Things which are due to infection from shooting up, for example, abscesses, and we are talking about people coming in covered with abscesses. They are collection pockets, pockets of pus, on arms and legs. It's something you would expect to see in a picture in a medical book of some rare tropical disease. Unfortunately, we are seeing it here due to substance abuse. That says we are talking about sepsis, which is widespread tissue destruction caused by bacteria in our bloodstream, and people are dying from this as well.

Pneumonia we are seeing—we have to understand that substance abuse or alcoholics, people who are frequently immunodeficient, they don't have the safety resistance you and I do, so pneumonia is seen more in these people.

Where are they injecting? Are they injecting heroin, are they injecting baby powder, we don't know, and these go into the lungs, et cetera. We are talking about brain damage, we are talking about these drugs that unfortunately down their respiration and cause lack of oxygen to the brain. This is basic CPR lifesaving procedures. Finally a major factor of this is we are also talking about violent acts, such as stabbings, shootings. I rarely see a violent act that winds up in my emergency department which does not involve some type of substance abuse.

Senator DOMENICI. Say that again.

Dr. BAYARDO. I rarely see a violent crime that occurs and results in a visit to my emergency department that does not involve substance abuse of some kind. We are also talking about motor vehicle accidents. We are talking direct injury. We are talking about deaths associated with them, and we are also talking about long-term sequela and disability and direct injury due to accidents due to substance abuse.

I think that the State Department of Health has done a good job at breaking motor vehicle accidents, in terms of—they use standard mortality ratios. Where we stand is the State of New Mexico is compared with our nationwide statistic, I think it's 1 in 5, and I believe Rio Arriba County is 1 in 3 for motor vehicle accidents. How many of those are related to substance abuse? I think that I do believe we are quite probably in the top three, if not number one for drug-related motor vehicle accidents.

The other dimension of other things that may or may not be a primary cause here in this county is we have heard about HIV and AIDS. Right now in this county HIV and AIDS probably is not secondary to substance abuse in terms of exchanging needles, but it may be. This is how other people get HIV, as well as through intercourse, but it could easily be spread that way as well and may well hit our local area as well. In the same way, I also think that it's important to try to manage the dollars associated with the treatment and impacts of preventable disease in this county.

I also think it's important to mention other factors that affect our county. That is, for example, a recent Health and Human Services Department study mentioned that 38.6 percent of all inmates, in a recent 12-month study, were attributable to substance abuse in this county. Over $1 million of our county budget were felt to be used toward law enforcement alone in substance abuse related issues in our county. This was felt to be a very conservative effort.

Substance abuse also affects the attraction of new businesses to our community, industry, and also influences strongly on their successes once they are here, and of course, the desire to stay here. It also impacts our own personal and home security, learning in schools and low performance in school. We are talking about petty thefts, shoplifting, home robbery.

Focusing on education, along with other social problems, I think that—and I was going to mention before, I apologize—a recent Rio Arriba Maternal and Child Health Care Council report from March 1997 pointed out that substance abuse is the number one health threat to Rio Arriba County. It's also affected many people for many years. Personally, I have patients tell me they have used a substance, heroin, for example, for 30 years. We put a lot of time in on the issue of resolving it, but keep in mind that people really have been around that substance for a long time.

I also think it's important to understand that we cannot fix some of our gradient problems in addressing the most basic needs in our community. I think that it's not just heroin abuse, but also an issue of economic development. I also think it's an issue of quality of local primary and secondary education. I also think it's an issue of early parenthood, accessibility, and transportation issues. I also think it's an issue of adequate law enforcement, and I do not see enough about helping them have DRE, as we call it, drug recognition experts, enough patrols, community and judicial support, enforcement of existing laws, and funding.

I also think that we also need to encourage positive family role models. There are certain traditions that exist in our homes, and role models, mentoring, all those things really can make a difference and probably make the biggest difference. I mentioned intervention services for young children. I have Deborah Harris from the school district to thank for this. Thinking in terms of focusing on our youngest victims, which has been mentioned earlier, that without a doubt, and I agree with this 100 percent, is that the brain develops most rapidly in the first 3 years of life. We are talking about emotional, physical, and cognitive development as well, and it's really dependent on what a child experiences within his first 3 years of life. So I can not mention enough what in-utero exposure, as well as environmental exposure, either during pregnancy or shortly after, the first years of life have on a child, especially when we have to deal with domestic violence, homicides, child abuse and neglect, poor nutrition, all which can be secondary to substance abuse.

The other thing to keep in mind is this is one hundred percent preventable. I cannot say enough for outreach regarding education, prenatal care, early detection and intervention with regard to this. I also cannot say enough regarding the cost effectiveness of dealings with prevention rather than dealing with problems in substance abuse in adolescent and adult care. Again, we are talking about education, health care, and identification of substance abuse early, early on and referrals of treatments in the meantime. I also think that as has been mentioned before, that as young children grow older, they may be prone to criminal activity, repeated patterns of abuse, self-destruction and problems secondary to non-intervention when things were preventable.

I would also like to make very, very clear that in my practice in the emergency department here in Espanola Hospital, on a daily basis, I deal with people like you, your neighbors, citizens like you, and it is a pleasure to do so. I am not seeing necessarily the picture of one drug abuser after another that some people may or may not imagine. I see generally these hard-working people and people who care about how this issue impacts them, whether they use substances or not. I think that it's also heartbreaking to see how devastating the affects of such a health problem, a social problem, has on the public. I also believe that despite this talk today, that all of us do not know how much of a problem this really is, and we are only beginning to touch upon it.

I ask the support of those today in addressing this threat to our community, by helping with law enforcement, its barriers, its costs and, of course, recognizing their successes. I am sure this has been said before, we may or may not be able to arrest ourselves out of this condition, but at the same time, it's of vital importance and does not stop being a crime to use or sell drugs.

I also seek help with coordination, development of local efforts and organizations involved in the prevention of and treatment of substance abuse, and I also ask you and your committee to set an example for us and also to work together at your level so that we can do the same. I also seek help regarding development of strategies to counsel members of our community to reduce and stop demands for current drug abuse. And more than anything else, I would like our community to help develop strategies to support healthy norms, those behaviors and beliefs that have made this the Land of Enchantment.

[The statement follows:]

PREPARED STATEMENT OF FERNANDO BAYARDO

Proceeding talks today have probably been reflective of grim statistics that seem to reflect a serious prevalence of illicit drug use in the County of Rio Arriba.

I clearly do not have a solution to this serious problem, but feel strongly that as a health care professional and representative of the local health care facility that we can play a vital role in this issue.

New Mexico State Department of Health Statistics for 1993–95 ranked New Mexico as the number one state in illicit drug overdose deaths in the country. (More deaths per 100,000 people in this state than any other state—18.3 per 100,000) See attached Figure #2.

In addition Rio Arriba Statistics for alcohol present in deaths significantly surpass those for the state average as noted in Figure #2b.

Though the preceding figures are quite grim, I can only suspect that the noted mortality rates are only the tip of the iceberg. Substance abuse related morbidity and mortality figures probably rise dramatically when one takes into account not only overdoses but also:

—Hepatitis B and C—inflammation of liver due to virus
—Cellutis—inflammation of connection tissue (such as skin and surrounding organs)
—Abscesses—localized collection of pus
—Sepsis—widespread tissue destruction from disease causing bacteria in blood stream.
—Pneumonia—lung infection
—Brain damage—from hypoxemia (lack of oxygen), accidents and direct effects of substance abuse
—Violence—assaults, stabbings, shootings, etc.
—Domestic violence, abuse and neglect
—Motor Vehicle Accidents—Direct Injury, Deaths, Long term sequelae and disability

Statement on Effects of Substance abuse on preventable disease

My point in mentioning the above list only touches on the impact of substance abuse on a wide array of preventable disease and injury. The impact of substance abuse devastates a large percentage of families in this area as throughout the state with the above effects. I also must mention HIV/AIDS, as we know an incurable and fatal disease.

In addition to the cost and value of human health, there is also the dollar cost one must consider in addressing all of the above effects of substance abuse. It is necessary to include substance abuse related liver disease and its associated diseases (gastrointestinal bleeds, cirrhosis, hepatitis, etc.) We can only begin to imagine the impact of all the substance abuse related disease and the health care dollar spent.

Statement of Substance abuse and related healthcare issues impacting economic, social and criminal justice factors

38.6 percent of all inmate days in a 12-month study were attributable to substance abuse according to a recent Rio Arriba Health and Human Services Department study. Over 1 million dollars of county budget were felt to be used towards law enforcement alone in substance abuse related issues in our county (note that this is felt to be a very conservative figure.

Substance abuse and related issues also affects the attraction of new business and industry to our community as well as influencing strongly on their success and desire to stay in our community. In addition, these issues also impact on our own personal and home security, learning and overall performance in out schools.

Statement of Effects of Substance abuse on Family Health

I recently spoke to many of this group regarding the effects of substance abuse on family health and as of yet it is hard to figure out where to begin. I would like to point out that the county of Rio Arriba Maternal and Child Health Care Council in their March 1997 report listed substance abuse as the number one health threat to Rio Arriba County residents. We are dealing with a problem that is entrenched in a significant number of our population and affecting some families for generations. I personally have had patients who tell me that substance abuse has been part of their lives for 30 years. At the same time some of our local physicians are seeing from one to two new young substance abusers a week in their practice. The issue of health and resolving some to the major threats against it is not substance abuse alone. This valley and adjacent areas lack many items, which contribute to our present social situation and problems. We cannot "fix" some of our greatest problems without addressing some of the most basic needs such as:

—Economic Development
—Quality of local primary education
—Early parenthood
—Accessibility/Transportation issues
—Adequate law enforcement—Drug recognition experts (DRE), Enough patrols, Community and judicial support for enforcement of existing laws, Funding

Statement on substance abuse and early intervention services for young children in Rio Arriba County

To truly address the pervasive problem of substance abuse in Rio Arriba County it is imperative to focus on the very youngest victims in our communities. Research has shown that the brain develops most rapidly in the first three years of life. Emotional, physical and cognitive development is largely dependent upon what a child experiences during the first three years of life. Infants and young children are affected by parental and familial substance abuse in a multitude of ways. In-utero exposure, as well as environmental exposure to the sequlea of substance of substance abuse such as crime, domestic violence, homicide, child abuse and neglect, and poor nutrition—can produce life long developmental delays, disabilities and emotional disturbances. Fortunately, these consequences of substance abuse are completely preventable. Outreach and education, prenatal care, early detection, and early intervention efforts with prospective parents, pregnant mothers and young children are proven and effective means of intervention.

Newborns and children with or at risk of, developmental or biological delays or disabilities, as well as those who suffer from delays and emotional disturbances induced by exposure to substance abusing adults, can be helped through a continuum of detection and prevention services. These early childhood prevention programs are considerably more cost-effective than dealing with the problems of substance abuse in adolescence or adulthood. Critical prevention and early intervention services for the unborn child and children up to the age of five include many components working in tandem. These include: education; health care; prenatal identification of substance abuse' referrals to treatment facilities and mental health services; developmental assessments for infants and children (to detect delays and disabilities); therapies for identified disabilities and delays, case management; prevention services for at-risk infants; regular health care for infants and young children; and behavioral health services for infants, young children and their families.

When the total range developmental needs are not addressed early on in life, we see results in an increase in the number of young children in special education classes, behavioral problems, and psychiatric disorders. As they grow older, these children are prone to criminal activities and repeated patterns of abuse and self-destruction. The end result is a need for continued and prolonged involvement in government-funded systems. Rio Arriba currently has sparse but high quality, collaborative programs that work with parents, guardians and infants and young children from birth to age five. Rio Arriba needs support, not only to maintain the model projects that exist, but also to strengthen and expand these services in order to eliminate waiting lists, so that all children who would benefit from early intervention and prevention can be reached. Parents must be educated about the long-term effects on their children of substance abuse.

Children who are in need, yet do not get referred or sewed because aid is lacking, are unnecessary victims in the state of New Mexico. We request support in order to most effectively help our youngest community members, and to intervene in the deadly epidemic of substance abuse that is killing our children's future.

Closing

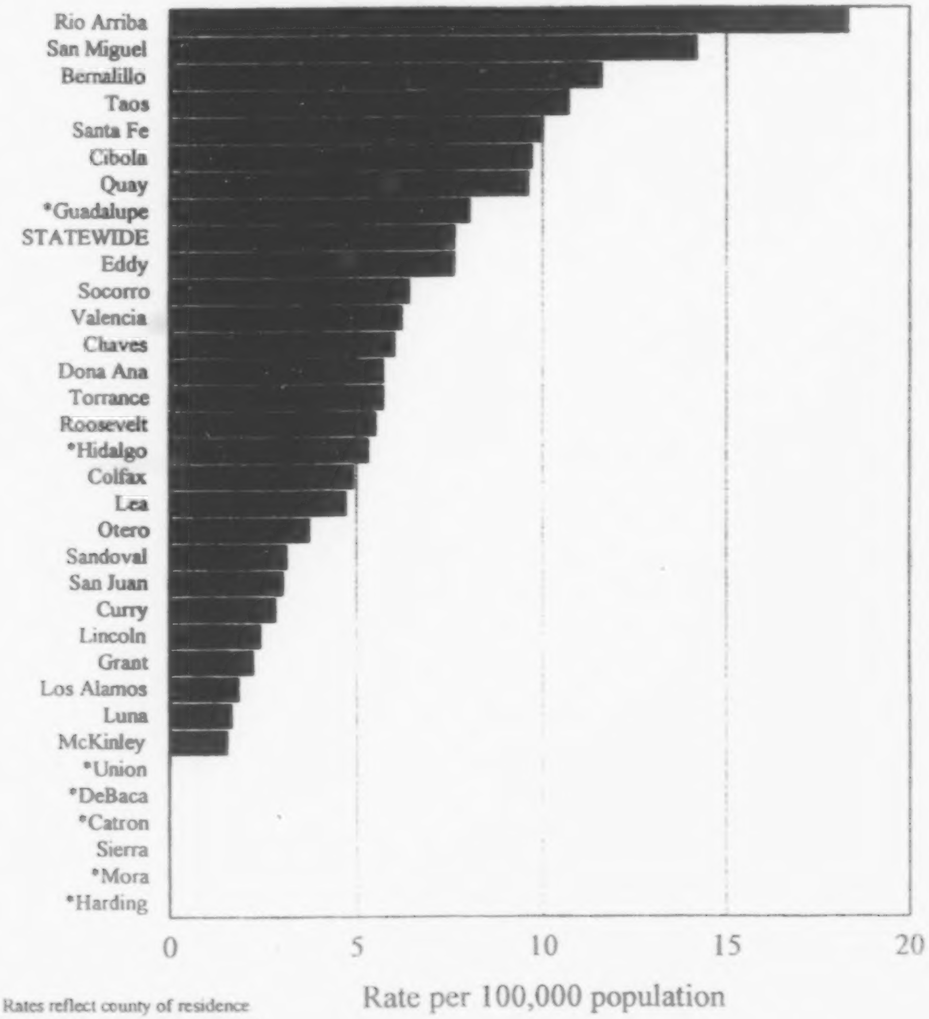
I would like to make it clear that my daily practice consists of dealing on a daily basis with people such as you, your friends and family. I am not seeing drug abusers one after another, but genuinely nice and hard working, caring people who may very well be impacted by this issue as all of us in this room are. It is a pleasure to work with and serve the vast majority of the members of this valley and surrounding area. I must say though, it is heartbreaking to see the devastating effects that a health and social problem such as this one has on the patient population I serve.

I ask the support of those here today in addressing this threat to our community with support in:

—Education in understanding what substance abuse is and its impact on our community;
—Law enforcement and its barriers, costs and successes;
—Help with coordination and development of local efforts and organizations involved in the prevention and treatment of substance abuse;
—Development of strategies to encourage the members of our community to reduce and stop the demand for illicit drug use;
—Help our community develop strategies to support healthy norms, behaviors and beliefs that have made this the State of Enchantment.

NM Drug Abuse-Related Mortality Rates,

1993-1995 Average



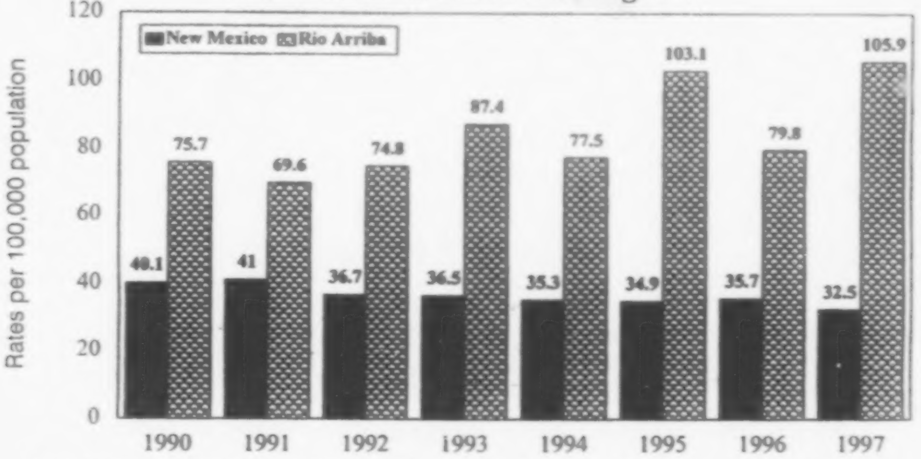
Rates reflect county of residence
*Counties with population <10,000

[a] Includes deaths for which the underlying cause was drugs (excluding tobacco and alcohol) Excludes deaths for which alcohol or drugs were contributing factors, such as alcohol-involved motor vehicle accident fatalities

Source Bureau of Vital Records and Health Statistics, Public Health Division, New Mexico Department of Health

[FIGURE 2]

Alcohol Present in Deaths in New Mexico and Rio Arriba* County
1990 - 1997
Office of the Medical Investigator



Data Source: New Mexico Office of the Medical Investigator, University of New Mexico School of Medicine

* Alcohol present in decedent for homicides, suicides, motor vehicle crashes, other accidents and undetermined manner of death. County rates may be unstable due to small numbers.

Prepared by: Office of Epidemiology, Public Health Division, New Mexico Department of Health

[FIGURE 2B]

Senator DOMENICI. Thank you very much, Doctor. I particularly appreciate your positive comments with reference to the practice of medicine as it impacts on you, and I assume you are speaking for many doctors.

Dr. BAYARDO. Yes, I am.

Senator DOMENICI. It is not all this. There is a lot of great joy and satisfaction——

Dr. BAYARDO. And assurances.

Senator DOMENICI. And we really appreciate your assessment of this problem. You are right, we don't know exactly how to fix it, but with people like you helping us, we are going to do our best to be aware of this. Thank you for what you do.

Mr. Richardson, we have heard much about your organization, and we want to hear a little bit from you today about whatever it is you want to share with us.

Mr. RICHARDSON. Well, first of all, Senator, we would like to thank you for showing the leadership that's been lacking as far as we're concerned about this problem. We started on it 2 or 3 years ago as a volunteer community action group, and we finally have gotten to the point where we have all the resources in this room to address the problem. It's just a matter of coordination, and I was going to harp upon that, but I think we have got that right. It sounds like the coordination will happen, and not only needs to happen within this jurisdiction but across other jurisdictions and counties.

The county line up there is kind of killing us. Rio Arriba and Santa Fe County lines go right through Chimayo, and in our opinion, it creates a lot of problems. We thank Rio Arriba County for doing their health plan, but it just further institutionalizes the county line and makes a distinction. So we need to make sure that that gets coordinated across the county line as well, and I hope Santa Fe County is listening, that they deserve some credit or blame as the case may be.

Senator DOMENICI. Very good.

Mr. RICHARDSON. I would also like to thank Secretary White for his kind statements. The Department of Public Safety has been more than just a partner and adviser, it's been an ally and our main source of satisfaction. We would like to thank all the law enforcement people and everyone else that's partnered with us. The list is too long to mention, but all those guys wear white hats, and we are very happy to have them.

I would like to thank the Rio Grande Sun and New Mexican and Albuquerque Journal for continuing to bring attention to the issue that's been absolutely necessary. And now that we're here, I would like to thank all of the members of the Chimayo Crime Prevention Organization. These people are very dedicated, and we plan on being here for awhile, and whatever kind of community input we need on any initiative, we would be very happy to serve. I would like to request that you accept our written testimony into the record.

[The statement follows:]

PREPARED STATEMENT OF BRUCE RICHARDSON

Mission statement.—Through public involvement, the citizens of Chimayo strive to improve the quality of life in the community by reducing the threat of crime.

The Chimayo Crime Prevention Organization (CCPO), composed strictly of volunteers, was formed to address rampant crime in a small, rural, traditional community in north-central New Mexico. Property crimes such as larceny and burglary had reached epidemic proportions. These crimes were the by-product of other serious criminal activity, particularly illegal drug-trafficking in hard narcotics, mainly heroin and cocaine. The drug dealers are well-known in the community, with some families being involved for generations. In most cases, these families own their land and are not transient newcomers. This situation presents unique problems with regard to the potential solutions to the problems. As a result, concerned community members contacted local representatives including politicians, judges, law enforcement agencies and clergy to initiate discussions on how to effectively address criminal activity.

CCPO has become a state and regional model of community policing. We have developed extremely productive relationships within the New Mexico Department of Public Safety, the State Legislature and the local Judicial District including the District Attorney's Office. The productiveness is apparent when crime statistics are analyzed comparing pre- vs. post CCPO creation. Our goals have expanded beyond crime prevention to addressing the adverse social conditions which exist in the area, such as providing options and opportunities to youth in an effort to improve the dysfunctional nature of their current situation.

It was therefore necessary to create a strategic organizational plan in order to identify needs and priorities for both the short and long terms. The need to maintain a strong and effective organization which offers alternative solutions to complex problems will require the creation of partnerships to share responsibilities and resources. Funding such potential solutions will become a high priority to the organization. The plan identifies completed and/or anticipated tasks and will provide guidance to the CCPO, as well as information to partners on who we are, what we've done and where we hope to lead. This reiterative planning document is perceived to be central to achieving our mission as stated previously.

History.—Chimayo is an unincorporated rural area with astounding natural beauty, a rich cultural and religious heritage, blessed with a relatively abundant water supply that is the valley's lifeblood. There is no elected leadership. CCPO has been the primary catalyst in improving the quality of life for its community members by initiating discussions with anyone and everyone who would listen. Crime prevention through community policing has always been, and will continue to be our focus. Community policing is in our view a cooperative effort between law enforcement and the community to address our common interests related to public safety. When honest, hard working, law-abiding citizens are living in fear with security bars on all their windows and doors, something is seriously wrong. We began struggling with the enormous scope of the problem three years ago and were repeatedly informed that our goals were unachievable. Many questioned our sanity. We aren't doing this because we wanted to, but because we had to. The problem is invasive to every quality of life issue imaginable (see supporting document: memo to Sen. Domenici). The first step in dealing with the problem has been taking responsibility for a solution, as a community. We have built upon every success and every failure to get to where we are today. The organization is working on formalizing and strengthening our relationships with all our partners in preparation for future funding and program initiatives. We are here for the long haul.

Our success has resulted from refining the global issues to local initiatives which we feel could be achievable. We seldom fail to follow up on potential opportunities. We have learned to apply subtle yet relentless pressure in pursuit of our objectives. Initially, we engaged law enforcement and the criminal justice system in order to educate ourselves. The picture which emerged was that the entire system was broken: from inadequate police investigations at the crime scene, to lackadaisical prosecution by the District Attorney's office, to lenient sentencing by judges, to the revolving door at the State Penitentiary. We met with those involved, identified problems, provided initiative and demanded accountability. Consequently, the system began to work, but it's a long way from being functional on a self-regulating basis. Lack of coordination is the culprit here in our opinion.

The coordination of community services is essential if any significant and lasting gains are to be made in Chimayo. In fact, the community is split down the middle by the Rio Arriba-Santa Fe county line. The presence of this political boundary is a nightmare with regard to any kind of coordinated effort, whether it be rural addressing and delivery of emergency services such as fire fighting and ambulance service, or planning and zoning. Local law enforcement is made basically ineffective in this regard, because they are never certain whether they are within their proper jurisdictions. This situation has contributed to the current conditions as much as any other, if not more, and has made the area conducive to the kinds of illegal activities we are experiencing today.

Organizational vision.—To promote a vital and effective organization capable of capitalizing on opportunities by mobilizing and maximizing both financial and human resources in furtherance of the organization's mission.

Accomplishments.—CCPO developed a strategic plan during 1997 which created an organizational structure and set priorities (see supporting document). Filing for non-profit organization status is presently underway. Organizational by-laws have been approved by the Board, chairpeople assigned to guide sub-committee initiatives and a community phone bank developed to mobilize community support. Standing committees include community policing, liaison legislative/judicial, youth services/education, membership and finance, as well as special and Ad hoc committees. Local actions have included organization of community meetings to facilitate communication between all interested parties, Summit Meetings held every six months to facilitate communication amongst criminal justice entities (see supporting document), and newsletters to inform and involve the public (see supporting document). CCPO most recently sponsored a meeting for the business community in the village to inform them of the issues relating to crime prevention and discuss a strategy to counter the negative publicity and impacts from decreased tourism dollars. Potential relationships between CCPO initiatives and economic development opportunities were also presented. Former Congressman Redmond submitted a funding request for a Boys and Girls club at our urging although its current status is unclear. A grant for $1,000 has been secured from the LANL Foundation to be used as seed money. Another grant application has been recently submitted to a private foundation for additional start-up funds which will be used towards initial staffing and implementation of a youth conservation corps program (see supporting document).

CCPO was instrumental in influencing legislation during 1998 to increase the salaries and numbers of State Police officers. The organization assisted the Department of Public Safety in securing federal funds to pay officers overtime to conduct saturation patrols known as "Wolf Packs". These patrols were extremely effective in reducing crime rates in Chimayo. Continued funding for this program has been lacking recently. CCPO has mapped approximately 35 known drug trafficking locations in the village which have been provided to State Police/Narcotics personnel. A legislative funding request was sponsored by State Senator Carlos Cisneros during the

1999 session to rejuvenate this program and is pending approval. The interim use of DWI/Transportation Safety funds to conduct saturation patrols and provide vital police presence within the area is underway.

A liaison position through the Victim's Assistance Program within the First Judicial District Attorney's office has provided CCPO with the ability to track offenders through the judicial system and provides the community with the opportunity for input with Judges regarding bond and sentencing hearings. We have also arranged for the dissemination and posting of warrant lists in an effort to remove criminal elements from the community. In affiliation with the New Mexico National Guard-Counter Drug Division and local School Board, CCPO will host a math and science/team building camp this summer. Implementing other National Guard programs within the schools is also being considered. Developing funding and program strategies is also ongoing with the U.S. Attorney's Office through the Department of Justice.

Initiatives at the county level, both Santa Fe and Rio Arriba, have met with limited success. Initiatives with the local School Board are in their initial stages and appear very promising (see supporting document). Meetings have been conducted with Dr. Fernando Bayardo of Vision del Valle and the Espanola Hospital Emergency Services, Ms. Loren Reicheldt, Rio Arriba County Health Care Coordinator and the New Mexico Departments of Health and Environment (see supporting document) on public health issues and their relationship to crime prevention. We have provided advice and consultation to several neighborhood watch groups and the Village of Questa in northern New Mexico.

In all cases, the lack of fiscal and human resources is cited as the primary barrier to progress. We believe that in almost every case, entities are doing what they can with what they have. Additional resources are sorely needed for undercover narcotics operations. Within State Police Narcotics Division, there are two agents responsible for the northern half of the state. This is not going to get the job done. Assistance from the Immigration and Naturalization Service was requested. Their response was they were only interested in business related issues. In addition, an inordinate amount of bureaucratic red tape makes their assistance too burdensome to be useful.

Needs.—CCPO's most immediate needs involve securing start-up monies to establish and maintain an office location within the community. This would provide the organization with a physical and obvious presence in Chimayo which to date has been lacking. Office space and functioning computer equipment will be donated by members of the business community. Additionally, funds for staffing would allow the volunteer organization to move toward becoming a policy board as opposed to a working board.

Recommendations.—CCPO realizes the equation for potential solutions is complex and involves law enforcement, education, public health and community participation. We intend to engage the educational and public health systems in the same manner we did the criminal justice system. We recommend formal coordination councils be created as prerequisites for funding law enforcement, public health and education initiatives. Coordination should occur not only within separate jurisdictions but across the political or jurisdictional boundaries. An essential element of the councils should be community representation to provide needed accountability and oversight. CCPO is willing and able to provide such a service. It is our position that funding law enforcement and the criminal justice system concurrently should be top priority. The reasoning being that law enforcement must effectively curtail the supply of drugs before education and public health professionals can be successful instituting demand reduction initiatives. Increased funding for law enforcement should increase case loads beyond what can presently be handled by D.A.'s, Judges and Corrections. Therefore, serious consideration should be given to funding all the links in the chain of criminal justice.

Now that the problem has received the attention it deserves, it has become politically correct to be on board. This has begun to create problems in and of itself. It is as if our elected state politicians have been given open license to request half a million here, half a million there for well intentioned solutions without the least amount of foresight as to conducting consultations with the agencies affected or the constituents they mean to serve. We propose a multi-jurisdictional Task Force to identify both long and short term program and funding needs to be prioritized according to immediacy of need and/or impact, cost effectiveness, and be culturally appropriate. The task force should include federal, state, local and community representatives from law enforcement, education and the public health sectors as well as the community-at-large. This task force should be responsible for developing a comprehensive program and recommend priorities for funding to elected officials, thus preventing duplication of efforts while providing essential coordination functions.

Finally, there is a strong and pervasive opinion within the community that we couldn't have degenerated to this stage without significant corruption and collusion occurring within the system. The fox is not guarding the hen house, he's inside. We have no proof or strategy to address such an issue, yet we are unwilling to abandon its plausibility.

Senator DOMENICI. It will be done.

Mr. RICHARDSON. I am sure that you folks have probably heard a lot of information, been fed a lot of facts and figures on the extent of the problem. My premise is to try to give you a little bit more of a picture of what it's like to live in Chimayo at ground zero.

Senator DOMENICI. All right.

Mr. RICHARDSON. I would like to agree with what Dr. Bayardo has said. It's not doom and gloom there. Some of the most wonderful people live in Chimayo. They are very concerned about this whole problem. We have identified probably 35 to 40 drug dealing locations in the community of about 4,100, so that's about one dealer per hundred people. We feel like the county line has somewhat made local law enforcement ineffective because of the jurisdictional boundary.

Senator DOMENICI. How do they make a living?

Mr. RICHARDSON. Excuse me?

Senator DOMENICI. How does that one in 100 make a living? That means they are selling to a lot of people.

Mr. RICHARDSON. Yes, sir, I believe that's true. We have heard things that Chimayo is kind of a local distribution center, and people come from Taos County, you know, they come from far and near to get their drugs.

Senator DOMENICI. Some of them illegal from Mexico?

Mr. RICHARDSON. I think that's the case, and some instances also, but in many instances, they are—it has been an intergenerational problem that has been going on for generations. It's 30 years, and nothing seems to have been done. It's kind of sending a message to the youth that there are no negative connotations to these kinds of activities, and so the county line, I guess in our opinion, kind of makes it conducive for these kinds of activities to occur. So the state police has really stepped forward in taking the lead as far as law enforcement in the area.

I would like to make a couple of points about the history of Chimayo and Santa Fe. Back in the late 1700s, people were sent from Santa Fe to Chimayo as punishment. It was an outlying community and subject to Indian attacks and very lacking of resources from the capital in Santa Fe. This has kind of continued to this day, and also there was a Chimayo rebellion, which has kind of perpetuated our reputation, you know, for being involved with a lot of illegal kinds of things. Again, I would like to say that there are some of the most wonderful people in Chimayo. They are not all that way.

As far as the history of this organization, this is probably the fourth incorporation of this organization. These kinds of community policing attempts have been made in the past with limited success. A lot of it ends up going away as some of the criminals would threaten these individuals. It's going to be difficult going back up there and living in the community. We have never really been out in public like this before, so I would like to say, kind of reiterate also what Alex Valdez said about the beauty of the area. That's one of the reasons a lot of us have lived here and moved here and have continued to stay, but I would like to point out specifically my reason for getting involved. I would like to present a water quality sample to be an aggregate sample, but this is one that I got from the acequia along the bank. It is covered with hypodermic needles which is considered hazardous waste. I would like to submit that for the record.

Senator DOMENICI. We won't be able to take it back to Washington. You might be able to use it again. Maybe somebody can take a picture of it, but thank you very much for your submittal.

Mr. RICHARDSON. At this point, I decided I am kind of a new-bee to Chimayo. I have only been living there since 1995. I decided if I was at risk for doing nothing, it would be just as good to be at risk for doing something. So I have a 12-year old that plays along the pasture and river and this is the reason that I got involved and why I'm here today. This is a public health issue, but we recognize that the three legs in the stool are correct: law enforcement, public health, education. But it's our opinion that law enforcement probably needs to be the number one priority, at least in the short term, because if we can't curb the supply, we don't really feel that demand reduction activities through education and public health are going to be as effective. Once some effect is made on the supply, then I think education and public health are well-positioned to step in and be effective.

Our accomplishments have been enumerated in our written statement, and I won't go into a great deal of detail, only to stay that we've involved everybody and anybody that would listen. Now that we're at this level, again, I feel we have the resources in this room to do what needs to be done, and we would be willing to serve and to work with any of those entities in any way possible.

What we have done has been on a shoestring. We have done it with no resources, just volunteer work and a coordination, community policing-type of effort.

Senator DOMENICI. What do you cite to the committee as a success, as a recorded success. Just tell us a little bit about that.

Mr. RICHARDSON. Well, we started conducting meetings just 3 years ago with the community and law enforcement elected officials in general, and after about 5 years, I think we realized that we needed not only law enforcement in our activities, but to make the public education or public health and education issues also a part of it. We have worked on a youth conservation plan to provide for alternatives for our youth. We feel that a Boys and Girls Club or rec center would be appropriate up there and very much needed, although it seemed like it would be a long ways off, so we wanted to get something up and running right now. So that's why we decided to do the youths conservation project. We submitted for some grants for that, and we are waiting to see what is going to happen there. We feel if we could fund the Youth Corps program fully, it would need a long-term scope of work, and so we have been working on a voluntary, community-based land use plan, using the entire Santa Cruz River as river watershed, and working with the Federal entities and all the local jurisdictions, all the land ownership sectors, to come up with some management practices, implementation practices also that would provide the long-term scope work for the youth program. The Youth Corps program is envisioned to provide mainly vocational skills to the youth. There are educational assisted program components to that as well, with projects involving our water rights and some land use planning—to take responsibility up there for who we are and what we're doing. If we could get the Youth Corps program funded, we believe that we would be doing youth development, economic development, community policing or crime prevention and some environmental restoration, possibly spending $1 and getting numerous dollars back in return. It would also give ownership to those projects as they get off the ground. I think we can add some of our infrastructure needs in terms of paving roads and recyclable water system and groundwater contamination, those types of things. That's part of our vision, I suppose at this point. And we feel like the integration of those programs would be very cost-effective.

Senator DOMENICI. Thank you very much. Are you finished?

Mr. RICHARDSON. Coordination has been well addressed. I would be happy to cooperate with anybody and everyone that's involved with this thing and, again, we need to stress in our opinion that law enforcement needs to be the priority in the short-term. Thank you.

Senator DOMENICI. Thank you very much. I wonder if the staff would do something for the record, that it seems to me that we have a number of youth conservation-type programs that we fund, and I wonder if it might be possible to take a look and see if it would be feasible to address another ingredient to qualifying for that kind of activity by saying if it is part of a comprehensive drug prevention activity in an area that they would receive some priority for funding for youth conservation-type efforts. I think that might be an interesting thing, because we are doing youth conservation funding. If we chose to say well, if you submit an application and somebody will look at what you are doing, and it was a comprehensive effort to also reduce drug use, you might get some significant priority for that and that might be a way to open channels for funds. If the staff would do that, I would appreciate it and would you inform Mr. Richardson of either our success or failure, or what it is we find out. They are doing their job. We ought to try to see if we could do some of ours, and we will do that.

Mr. RICHARDSON. Senator, probably it will be significant to point out that as far as Federal land ownership in the watershed, it's probably 70 percent. We feel that not only would we work with the local water donor and Santa Fe Irrigation Districts, but that the benefit to those people would be if we funded the Youth Corps program, then the implementation plans that were created through the planning process would be fully funded so that these entities would not have costs associated with implementation of some of their needed projects. So given the Federal presence and that opportunity of assistance, I believe that we could do that.

Senator DOMENICI. Thank you very much. Tess Cassados, Executive Director of La Clinica del Pueblo, would you like to talk with us for a few minutes, ma'am?

Ms. CASSADOS. Thank you very much, Senator Domenici and staff. I very much appreciate the opportunity to testify on this panel. I need to remind everyone about the outlying, very rural areas of New Mexico and Rio Arriba County and unique problems that we face.

La Clinica del Pueblo is housed in the Rio Arriba Community Health Center in Tierra Amarilla, NM. Tierra Amarilla is the county seat of Rio Arriba County, renowned nationwide for its natural beauty. La Clinica is the primary health care provider to our entire service area known as the Chama Valley. All of our clients are impacted by substance abuse problems that make our society and the Chama Valley in northern Rio Arriba County no exception. Through the years, our rural, isolated community was forced to address substance abuse issues on our own, with minimal resources that do not begin to cover all of the needs.

La Clinica's personnel sees the problems firsthand. We address them as best we can with our mental health component. We are witness to the problems in the medical issues that are presented by the patient, like La Vision de Valle has also described. We also assist with emergencies in which DWIs or suicide attempts are the result of using substances. If the individual is lucky enough to survive the crisis, then we see them again, or we attempt to see them again, accessing our mental health and medical services.

Overall, the community is impacted by the tremendous losses in terms of activities and medical costs. Over half of all families who access our services are affected by issues regarding substance abuse. The families, who are often the forgotten ones of those who are chemically affected, are impacted also, and they too access services. So our community is affected directly and indirectly as well.

La Clinica del Pueblo is the first agency in the community to bring mental health services to the area. We have provided medical services since 1969. We celebrate our 30th anniversary this summer. In 1991, we recognized the need for mental health services, and brought the very first mental health service to our community. Our social workers estimate that 60 percent of the 100 active patients that they are currently treating have problems extending from substance abuse. Currently, our services to address these substance abuse issues are provided by two licensed clinical social workers at La Clinica. Services are provided in several settings, such as our clinic, the schools, and the detention center. Many of the referrals from the detention center are entangled with the legal system and present issues related to their drug use. The clinic also makes our building available for Alcoholics Anonymous meetings and Al-Anon meetings that are held weekly. These meetings are conducted by clinic and community members. The alcohol treatment center also sponsors similar groups in Chama.

In recent years, North Central community-based services have joined in the community's fight against substance abuse through their preventive measures geared towards middle school and high school youth.

Within the past couple of years, the Community Outreach Department of La Clinica del Pueblo have made a concerted effort to focus on early intervention. To truly address the basic problem of substance abuse in Rio Arriba County, it is imperative to focus on the very youngest victims in our community. Infants and young children are affected by parental and familial substance abuse in a multitude of ways. In-utero exposure, as well as the secondary results of substance abuse, such as crime, domestic violence, homicides, child abuse and neglect and poor nutrition can produce lifelong developmental delays, starting with developmental delays, disabilities and emotional disturbances. Fortunately, these consequences of substance abuse are completely preventable. Outreach and education, prenatal care, early detection and early intervention efforts are proven and effective means of intervention. While the clinic does see the problem as one that merits resources to address the issues, there is never quite enough that is done.

Our community needs to recognize the problem as one worthy of additional resources. The problem needs to be recognized as a priority so that it can be addressed. While it does what it can, we as a community can do more. Resources for research-based prevention programs are lacking. Comprehensive problems can be implemented in the schools where children can learn the consequences of substance abuse and seek help for themselves if they are impacted. Additional resources to address mental health needs can be incorporated into the plan for the future. Detox and residential services are virtually nonexistent, except for referral out of the community. Long waiting lists discourage those who want service and lack of insurance benefits can hinder the availability of services. The system is working against those who are seeking treatment. All of those factors need to be incorporated into planning for the future where the needs of the rural communities are not left out, and our needs can be seen as the priority that they truly are. They are very fortunate to have a well-established coalition of health service providers, called the Chama Valley Health Coalition, which has almost a 10-year history of collaboration and has made great impact throughout our community.

We are also very pleased about the initiation of the county-wide plan to encompass substance abuse, and we expect the planning process to include the rural areas.

We're all, of course, very interested in the well-being of all our families. We need all to work together to provide the resources that are needed to address them. Again, I very much appreciate, Senator Domenici, your effort in including the rural communities in this initiative.

[The statement follows:]

Prepared Statement of Tess Cassados

THE SUBSTANCE ABUSE PROBLEM IN THE CHAMA VALLEY

All communities are impacted by the substance abuse problems that plague our society. The Chama Valley in northern Rio Arriba County is no exception. We, as a rural isolated community, are left to address the issues on our own with minimal resources that do not cover all of the needs.

The Clinic personnel see the problems first hand. We address them through our mental health component. We are witness to the problems in the medical issues that are presented by the patient. We also assist with emergencies in which DWI's or suicide attempts are the results of using substances. If the individual is lucky to survive the crisis, then we see them again accessing our mental health and medical services.

Overall, the community is impacted by the tremendous losses in terms of lost productivity, and medical costs. Over half of all families who access our services are affected by issues regarding substance abuse. The families (often the forgotten ones) of those who are chemically affected are impacted also, and they too access services. So our community is affected directly, and indirectly as well.

WHAT ARE WE DOING?

The Clinic was the first agency in the community to bring services to the area. It has provided medical services since 1969. In 1991 it recognized the need for mental health services, and brought the first mental health services to the community. Currently services to address this issue are provided by 2 Licensed Clinical Social Workers. Services are provided in several settings, such as the clinic, the school, and the detention center. Many of the referrals from the detention center are entangled with the legal system and present issues related to their drug use. The Clinic also makes the building available for AA and Alanon meetings that are held weekly.

Within the last couple of years, the Community Outreach Department of La Clinica del Pueblo have made a concerted effort to focus on early intervention. To truly address the pervasive problem of substance abuse in Rio Arriba County, it is imperative to focus on the very youngest victims in our communities. Infants and young children are affected by parental and familial substance abuse in a multitude of ways. In-utero exposure, as well as environmental exposure to the sequlea of substance abuse—such a crime, domestic violence, homicide, child abuse and neglect, and poor nutrition—can produce life long developmental delays, disabilities and emotional disturbances. Fortunately, these consequences of substance abuse are completely preventable. Outreach and education, prenatal care, early detection, and early intervention efforts are proven and effective means of intervention. While the Clinic does see the problem as one that merits resources to address the issues, there is never quite enough that is done.

WHAT NEEDS TO BE DONE?

The community needs to recognize the problem as one worthy of additional resources. The problem needs to be recognized as a priority so that it can be addressed. While it does what it can, we as a community can do more. Resources for research-based prevention programs are lacking. Comprehensive programs can be implemented in the schools where children can learn the consequences of substance abuse, and seek help for themselves if they are impacted. Additional resources to address mental health needs can be incorporated into the plan for the future. Detox and residential services are virtually non-existent except for referral out of the community. Long waiting lists discourage those who want services, and lack of insurance benefits can hinder the availability of services. All these factors need to be incorporated into a plan for the future where the needs of the rural communities are not left out, and our needs can be seen as the priority that they truly are. We are interested in the well-being of all our families. Lets work together to provide the resources that are needed to address them!

Senator DOMENICI. Thank you very much.

Ms. CASSADOS. Thank you very much.

Senator DOMENICI. May I ask, just by way of definition, as you spoke of the need for mental health treatment with social case workers and the like, are you equating that term with drug addiction?

Ms. CASSADOS. In many cases we are, Senator. Again, just because the study of our active clients who come to us for mental health counseling revealed 60 percent of those clients' problems extend from drug abuse in one way or the other, whether through the family, significant other, through the children. Sixty percent of our active clients seeking mental health counseling feel that their problems come or are initiated through the drug abuse, substance abuse.

Senator DOMENICI. But you can have mental illness, schizophrenia, manic depression, bipolar-like problems, and not have drug addiction. Conversely, you can have those illnesses and be addicted, too, so I imagine you distinguish that in terms of treatment and they're all lumped together, though, in your testimony regarding mental illness.

Ms. CASSADOS. Absolutely, yes, sir.

Senator DOMENICI. Thank you very much.

I don't quite know what title to address you by. I am thinking that maybe it ought to be Madam Secretary. Is that fair enough?

Ms. KHALSA. Thank you. Honorable Senator Domenici and esteemed Mayor and distinguished guests, and the public at large. It is my pleasure to be here with you today as a representative of a good friend of yours, Dr. Yogi Bhajan, who is the founder of our program 3HO SuperHealth, and I would like to just reference him by saying the program that I am going to speak of, which originates in Tucson, AZ can be reproduced here in Espanola or anywhere for that matter.

Senator DOMENICI. Could I ask you, for purposes of our timing, since we are supposed to be somewhere, how long will it take you to make your presentation?

Ms. KHALSA. Five minutes.

Senator DOMENICI. You have seven minutes. I am going to be generous.

Ms. KHALSA. 3HO Foundation, Healthy, Happy, Holy Organization which was founded in 1969 as a nonprofit organization dedicated to the advancement of the individual through education, science, and religion, and Dr. Yogi Bhajan serves as the Director of Spiritual Education and has done so since its inception.

3HO provides various programs designed to help individuals alleviate and resolve social and personal problems, utilizing a yogic approach to live a healthy, happy, and productive life.

In 1973, 3HO SuperHealth was founded in Tucson, AZ to help people suffering from addiction to drugs and alcohol. Since then the program has worked with thousands of clients in the residential program. The expanded services incorporated outpatient prevention, education and training located in schools, private corporations, and within the criminal justice system.

The program has a remarkable success rate and is a tribute to yogic science and holistic integration of body, mind, and spirit. The Joint Commission of Accreditation of Healthcare Organizations accredited the program in 1978. It has received the highest commendation and distinguished itself by being rated in the top 10 percent of all residential programs throughout the United States.

3HO is a perfect blend of East and West. It combines the ancient wisdom of the East with the sophistication and innovation of a quality care program. The 5,000-year-old science of yoga and meditations has proven highly successful as the backbone of the 3HO program.

The science of SuperHealth technology is precisely applied to people with specific behavioral problems, including drugs, alcohol, depression, stress, and other dependencies plaguing our society.

The program's belief is that the human potential of each individual is unlimited. Philosophy and specialized programs help each person achieve their highest potential. SuperHealth's innovative approach to health and healing acknowledge that each person is a whole being in which body, mind, and spirit are interconnected. Freedom from addictions occurs when each of these facets change together, and such change occurs most easily when one is in an environment and support system that is structured to guide integrated personal growth. It is this ongoing ability to exert impulse control over oneself that prevents recidivism.

The program goal is to get one in touch with their inner strength so that they can conquer their problems. Practical techniques are given to eliminate addictions and methods to achieve self-discipline, inner fulfillment, and peace of mind.

The root cause of why people use external stimuli is to fulfill shallowness and inner emptiness. Lack of stamina, inner strength, and the desire to face the nonfunctional personality of the self motivates one to escape as a productive, unfulfilled person of life.

Students and dropouts, young and middle-aged alike, are being plagued by depression, loneliness, and unfulfillment. The program uses tools to gain the psychological edge necessary to remain calm and nonreactive under the most challenging situations. The process results in freedom from pain, fear, guilt, isolation, and resentment. It is here that true happiness lies and the mental traumas of everyday life slowly disappear.

The SuperHealth program eliminates the physical, mental, and spiritual blocks that keep one from living a deeply satisfying life. These blocks are often demonstrated as lack of control over drugs and alcohol. At 3HO we believe that one has all that it takes to reach his full potential. We must help unlock the true self that is powerful and fully capable of resolving all issues.

People may have spent their lives looking outside themselves for a quick fix in fads, trends, and addiction. The real answers lie within. At 3HO we give tools to discover one's inner self by building confidence and self-esteem. The need to abuse the self with drugs, alcohol, and other destructive behaviors is therefore eliminated.

The treatment program encompasses a drugless, holistic technology that treats the whole person. This technology is designed to induce self-empowerment and includes yoga, meditation, nutrition, vitamin and herbal therapy, individual and group counseling and massage.

Clinical yoga is the yoga of awareness. Yoga and meditation are the foundation of the program. It's therapeutic effect is designed to balance the demands so that they can secrete in proportion to each other allowing for optimum health. It also strengthens the nervous system which may have been weakened with substance abuse. This is not a permanent damage and the nerves can be rebuilt again. Yoga and meditation are an excellent tool to help to do this. A person cannot change and sustain change until awareness or consciousness is highly independent. The practice allows for the successful response to life's challenges and stresses with more flexibility, stamina, and confidence. Yoga helps reduce chronic tension, improves the circulatory system, and helps provide sound sleep.

The meditation which deals with the psychological addiction helps calm the mind and creates clarity, perseverance, and mental concentration and greater self-control. These facets are essential to overcome the psychological addiction and destructive patterns of the mind. As awareness is heightened, insight is gained into the correlation between actions and behavioral conditioning. Through this process, one learns to cultivate the qualities necessary to change for the better. Specialized yoga and meditation sets are designed to eliminate blocks by creating greater self-awareness and discipline. Yoga is practiced throughout the treatment regimen and is instrumental as part of the discharge and aftercare planning to ensure drug-free living.

Nutrition is one of the most important components of the SuperHealth experience. A carefully planned vegetarian diet balances the entire system during the detoxification and rehabilitation periods. The purpose is to strengthen the body and cleanse it of toxins from drugs or alcohol. The healing process is remarkably accelerated with specific foods and spices that are easily digestible and can be assimilated and quickly eliminated from the body. A therapeutic blend of fresh juices is provided that are rich in vitamins and restore nutrients that are absorbed and utilized by the body. These foods provided sustenance and restore vitality and health. The diet is highly nutritious and very delicious tasting.

The intake of toxins and harmful substances, also stressful living and poor health and eating habits, cause imbalances and weaknesses in the body. A personalized program is designed to subtly heal deficiencies. An herbal and vitamin program rebuilds all of the body systems and optimum health.

Counseling helps gain insight into addictive patterning and resolve inner conflicts which cause destructive behavior. Through individual and group counseling, each person learns to release stress, anger, insecurity, depression, and loneliness which inhibits fulfillment, happiness, effective communication, and personal and spiritual growth.

Sessions provide opportunities to develop and enhance communication skills in an atmosphere of trust and safety. Each session builds awareness and self-respect. The integration of yoga and meditation supports the process to deal with personal issues so that one can learn from their past experiences free from guilt or blame.

Counseling goals are to increase self-esteem, learn proper expressions of feelings and intuitive perceptions, develop honest and sincere relationships, improve body image and awareness, improve communication skills and enhance self-worth to strive for excellence.

Therapeutic massage allows the physical body to relax. It soothes tired muscles and relieves the physical fatigue while alleviating tension, improving circulation, and promoting sound sleep.

Senator DOMENICI. I wonder if you might summarize, please.

Ms. KHALSA. I will. SuperHealth has received the highest commendation by the Joint Commission on Accreditation of Healthcare Organizations. It has been funded by all levels of government, including the Center for Disease Control, to operate a Better Health Through Awareness Program in the schools.

For over 25 years, 3HO has perfected the program, and we take our high success rate seriously. Today many people are lost and depressed amidst a world of confusion and unknowns. It is our most heartfelt intent through the techniques in this program to give people an experience which could lead them back to themselves and their families. In that most precious experience, there is no better place to offer this than the Land of Enchantment in Espanola, NM.

[The information follows:]

3HO SuperHealth Drugless Addiction Treatment Program

INCORPORATING A NATURAL, HOLISTIC APPROACH TO ADDICTIVE BEHAVIOR BASED ON THE TEACHINGS OF YOGI BHAJAN, PH.D., FOUNDER OF 3HO SUPERHEALTH

3HO's technological system can be incorporated in a program for: Outpatient or Residential treatment; Prevention in schools; Corrections Department with incarcerated inmates; Education, training and staff development; and Aftercare and Follow-up.

ORGANIZATIONAL STRUCTURE

3HO Foundation, Healthy, Happy, Holy Organization, was founded in 1969 as a non-profit organization dedicated to the advancement of the individual through education, science and religion. Yogi Bhajan serves as the Director of Spiritual Education, and has done so since its inception.

3HO provides various programs designed to help individuals alleviate and resolve social and personal problems, utilizing a yogic approach to live a healthy, happy, and productive life.

In 1973, 3HO SuperHealth was founded in Tucson, Arizona to help people suffering from addiction to drugs and alcohol. Since then, the program has worked with thousands of clients in its residential treatment program. Expanded services include outpatient, prevention, and education and training located in schools, private corporations and within the criminal justice system.

The program has a remarkable success rate and is a tribute to yogic science and holistic integration of body, mind and spirit. The Joint Commission on Accreditation of Healthcare Organizations accredited the program in 1978. It has received the highest commendation and distinguished itself by being rated in the top 10 percent of residential programs throughout the United States.

In May 1994, 3HO Foundation was approved as an NGO, Non-Government Organization, in Consultative Status (Roster) with the Economic and Social Council of the United Nations. 3HO serves as a consultant to the United Nations Secretariat on matters of mutual concern regarding topics of economy, women, social issues, human rights, cultural affairs, educational, health and related matters.

PHILOSOPHY

3HO is a perfect blend of East and West. It combines the ancient wisdom of the East with the sophistication and innovation of a quality care program. The 5,000-year-old science of yoga and meditation has proven highly successful as the backbone of the 3HO SuperHealth program.

The science of SuperHealth technology, as taught by Yogi Bhajan, is precisely applied to people with specific behavioral health problems including drugs, alcohol, depression, stress and other dependencies plaguing our societies.

The program's belief is that the human potential of each individual is unlimited. The philosophy and specialized programs help each person achieve their highest potential. SuperHealth's innovative approach to health and healing acknowledges that each person is a whole being in which body, mind and spirit are interconnected. Freedom from addictions occurs when each of these facets change together; and such change occurs most easily when one is in an environment and support system that is structured to guide integrated personal growth. It is this ongoing ability to exert impulse control over oneself that prevents recidivism.

The program goal is to get one in touch with their inner strength so that they can conquer their problems. Practical techniques are given to eliminate addictions and methods to achieve self discipline, inner-fulfillment, and peace of mind.

PROBLEM

The root cause of why people use external stimuli is to fulfill shallowness and inner emptiness. Lack of stamina, inner strength and the desire to face the non-functional personality of the self, motivates one to escape as a product of an unfulfilled purpose of life.

Students and drop-outs, young and middle-aged alike are being plagued by depression, loneliness and unfulfillment. The program gives tools to gain the psychological edge necessary to remain calm and non-reactive under the most challenging situations. The process results in freedom from pain, fear, guilt, isolation and resentment. It is here that true happiness lies and the mental traumas of everyday life. slowly disappear.

3HO SuperHealth helps eliminate the physical, mental and spiritual blocks that keep one from living a deeply satisfying life. These blocks are often demonstrated as lack of control over drugs, alcohol.

3HO believes that one has all that it takes to reach his full potential. We help unlock the true self that is powerful and fully capable of resolving all issues.

People may have spent their lives looking outside themselves for a quick fix in fads, trends and addiction. The real answers lie within. At 3HO, we give tools to discover ones inner self by building confidence and self esteem. The need to abuse the self with drugs, alcohol, and other destructive behaviors is therefore eliminated.

METHODOLOGY

The treatment program encompasses a drugless, holistic technology that treats the whole person. This technology is designed to induce self-empowerment and includes yoga, meditation, nutrition, vitamin and herbal therapy, individual and group counseling, massage.

SuperHealth programs include treatment for the following: Alcohol & Chemical Dependency, Smoking, Stress, Eating disorders, Anxiety/depression, and Co-dependency.

The comprehensive treatment includes:

Physical examination by a medical doctor as needed.

Personal and psychological histories evaluated.

Yoga:

—Kundalini Yoga is the yoga of awareness as taught by Yogi Bhajan. Yoga and meditation are the foundation of the program. Its therapeutic effect is designed to balance the glands so that they secrete in proportion to each other allowing for optimum health. It also strengthens the nervous system which may have been weakened by substance abuse. This is not a permanent damage and nerves can be rebuilt with this excellent tool. Kundalini yoga balances the neuron patterning of the hemispheres of the brain which affects addictive behavior. A person cannot change and sustain the change until his awareness or consciousness is heightened. The practice allows for the successful response to life's challenges and stresses with more flexibility, stamina and confidence. Yoga helps reduce chronic tension, improves the circulatory system, and helps provide sound sleep.

Meditation:

—Meditation calms the mind and creates clarity, perseverance, mental concentration and greater self control. These facets are essential to overcome psychological addiction and destructive patterns of the mind. As awareness is heightened, insight is gained into the correlation between actions and behavioral conditioning. Through this process, one learns to cultivate the qualities necessary to change for the better. Specialized yoga and meditation sets are designed to help eliminate blocks by creating greater self awareness and discipline. Yoga is practiced throughout the treatment regimen, and is instrumental as part of the discharge and aftercare planning to ensure sobriety and drug-free living.

Nutrition Restoration:

—Food is one of the most important components of the SuperHealth experience. A carefully planned vegetarian diet balances the entire system during the detoxification and rehabilitation period. The purpose is to strengthen the body and cleanse it of toxins from drugs or alcohol. The healing process is remarkably accelerated with specific foods and spices that are easily digestible and can be assimilated and quickly eliminated from the body. A therapeutic blend of fresh juices is provided that are rich in vitamins and restore nutrients that are absorbed and utilized by the body. These foods provide sustenance and restore vitality and health. The diet is highly nutritious and very delicious tasting.

Herbal & Vitamin Therapy:

—The intake of toxins and harmful substances, stressful living, and poor health and eating habits, all cause imbalances and weaknesses in the body. A personalized program is designed to subtly heal deficiencies. An herbal and vitamin program rebuilds all of the body systems and optimum health.

Counseling: Individual & Group Therapy:

—Counseling helps gain insight into addictive patterning and resolve inner conflicts which cause destructive behavior. Through individual and group counseling, each person learns to release stress, anger, insecurity, depression and loneliness which inhibits fulfillment, happiness, effective communication, and personal and spiritual growth.

—Sessions provide opportunities to develop and enhance communication skills in an atmosphere of trust and safety. Each session builds awareness and self-respect. The integration of yoga and meditation supports the process to deal with personal issues so that one can learn from their past experiences free from guilt or blame.

—The counseling goals are: Increase self-esteem, learn proper expressions of feelings and intuitive perceptions, develop honest and sincere relationships, improve body image and awareness, improve communication skills and enhance self worth to strive for excellence.

Massage:

—Therapeutic massage allows the physical body to relax. It soothes tired muscles and relieves physical fatigue while alleviating tension, improving circulation and promoting sound sleep. Massage assists the body in eliminating toxins and repairing damage from chronic stress, poor nutrition, and self defeating attitudes.

COMMENDATIONS

SuperHealth has received the highest commendation by the Joint Commission on Accreditation of Healthcare Organizations and is distinguished as being in the top 10 percent of all residential treatment facilities in the United States. This is an American medical organization that maintains rigorous professional standards to assure the provision of quality heath care. 3HO SuperHealth has been well classified as a specialized hospital for drug, alcohol and mental health disorders.

All levels of federal, state, city and county governments have funded the program. Private corporations including IBM, have funded the prevention program to help establish an educational system for students in elementary and secondary grades. The Center for Disease Control, supported a youth prevention program in the schools called "Better Health Through Awareness." Various private companies have supported specialized programs for high risk populations for teen pregnancy and school drop-outs. 3HO has contracted for services with The Department of Corrections for services for inmates from maximum through minimum security. The Department also offered services as part of their staff development and training for correctional officers.

EXPERTISE AND CREDENTIALS

3HO SuperHealth staff have been invited to make presentations throughout the United States and extensively worldwide. We have been invited as a joint venture by the government of Russia to assist with their very critical problem of alcoholism. We have provided international training and seminars to both staff and clients throughout Europe, Asia, Canada and Mexico.

SuperHealth has been a member of the American Hospital Association and is currently on the International Council of Alcoholism and Addictions and the World Federation of Therapeutic Communities. This is a worldwide membership of treatment and prevention professionals that establish official liaison with international governments as well as professional and private bodies. This federation assist colleagues and health ministers to develop mutual understanding and partnership in health delivery with other specialists, education and government representatives.

In the summer of 1998, Senator Pete Domenici was instrumental in designating New Mexico to conduct a pilot project with the United States Department of State with Drug Demand Reduction by President Clinton. Yogi Bhajan, Ph.D. conducted the training for the 43 officials from Honduras, Mexico and El Salvador in the field of health, corrections, psychology and educators. The training was a successful component of the Drug Demand Reduction experience in the United States.

CONCLUSION

For over 25 years, 3HO has perfected the program, and we take our high success rate seriously. Today, many people are lost and depressed amidst a world of confusion and unknowns. It is our most heartfelt intent, through the techniques in this program, to give people an experience which can lead them back to themselves and their families. In that most precious experience, there is no better place to offer this than the Land of Enchantment—Espanola, New Mexico.

Senator DOMENICI. Thank you very much. I assume that as they proceed with the planning here, from what you are saying, you will be in touch with the people that are looking for more treatment facilities and see if you fit, and where you fit. I appreciate your comments today. Do any of you have any further comments?

Doctor, I want to thank you. I know you are busy, and you took a lot of time out today, as you did the last time. I just hope that from you we have learned something and will justify all the effort you put forth.

Mr. Richardson, we thank you for your efforts. We are hopeful we all learned from you, and we will do a better job.

And, Ms. Cassados, we know you have a great clinic, and we know you serve a lot of people, and you have a hard job, but most of our clinics around the State are doing a wonderful job, and we have many of them. They have different foundations and different origins, but they are kind of moving toward the same basic format, and all of you know that in the last couple of years, you have been a provider for the Veterans. Most of the clinics in the north have become certified providers, so our Veterans don't have to go all the way to the hospital in Albuquerque for medicines and things of that sort. There's a big help if you do that, but many of the clinics do.

Ms. CASSADOS. I would love to speak with you about that.

Senator DOMENICI. We have had a lot of trouble with the VA. They've had lots of trouble, but surely eventually, clearly, there are a whole lot of them, and they are doing a good job. Let me see, we are going to wrap up this part of the hearing right now and visit Delancey Street.

I want to thank everybody that participated and those of you who have spent a very long time here. Members of the media have given us a great deal of attention, and lastly but not least, the chairman of this committee, Senator Judd Gregg. This record will be transcribed and made a part of the record of the Appropriations Committee of the United States, which helps in all of these areas, and perhaps in due course, they will learn something from it or those of us who participated will learn from it.

It's a privilege to participate. I think some good is going to come out of this, if we don't expect miracles, but rather go along with a community effort and build upon the three legs of this stool. As they become stronger, I think we are going to have some success.

CONCLUSION OF HEARING

I want to close this hearing and indicate that the hearing will not reconvene but rather will be closed now, and the record will be perfected and we stand in recess.

[Whereupon, at 1:05 p.m., Tuesday, March 30, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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